MISSION: RECREATION INTEGRATION

...DETANT ...NATION

Alberta

RECREATION AND PARKS
...Development Division
...ation Services Section

Recreation for All!

Mission:
Recreation Integration

Alberta
RECREATION AND PARKS
Recreation Development Division
Special Recreation Services Section

CORRECTIONS:

Page 41 - #1 - Second paragraph, last sentence, should be:

(Try some exercises which begin on page 160)

Page 188 - #B, should be:

"Refer to this manual under Resources Section (see page 98)

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ON BEING DIFFERENT

by Dave Compton

Watching without sight
Running without legs
Conversing without voice
Loving without prejudice
Offtimes it is the belief that makes it happen...
What's the difference in being different?

Acts which are naive, those deemed grand,
Small, tall, some with, some without,
Some who can, some who can't...
What's the difference in being different?

Thinking, feeling, acting, sharing,
moving, gaining, loving, romping,
You and I, not the same but
yet the same because we are by fate just people...
What's the difference in being different?

Oh for the chance to share my dreams,
to hold hands, to join in happiness,
to play your games, taste the differences in life
and not be scorned and turned away.....
What's the difference in being different?

— from Proceedings of Special Populations Institute; March 28 - 29, 1974; Ogleby Park, Wheeling, West Virginia: Wheeling, West Virginia Northern Community College.

CONGRATULATIONS on being selected to solve this exciting, but challenging, case. Your mission: to learn about integration in recreational programs and plan for integration in your community. Inspector Integration will assist.

GOOD LUCK AND HAVE FUN!

Introduction

A child with a disability is first a child and, second, a child with a disability. A disabled child is a child with the same needs, desires, thoughts and drives as other children. All children want to be accepted by peers, be included in activities and have friends. It's through play and recreation that children have the chance to satisfy these needs. A disabled child does not want sympathy nor does he want to be different. He wants others to understand his condition and to recognize that he is more like any child than he is different.

This workbook is meant to help recreation personnel (directors, program co-ordinators, leaders, volunteers and others) plan and operate integrated play programs. In a successfully integrated program, both disabled and non-disabled children take part and socially interact. There's a bit more give-and-take than in a regular program, and a lot of caring and sharing. Although this workbook has been written to apply particularly to integrated programs for children, many of the same ideas, principles and procedures can be used in setting up programs for adults.

It's a workbook for any leader, volunteer or administrator who may be considering such programs. And we'd like to stress that the ways and means of preparing for an integrated recreational program are very similar to those of planning any recreational program. Common sense and compassion are essential components.

To help you with your program, this workbook will take you from the conceptual 'philosophy' stage, through the program planning and implementation, and on to the evaluation and revision stages. A major part of your planning time will be devoted to assessing just what your community and program participants need, and how to deliver that service. We recommend that you complete all sections of the workbook to help ensure that your program objectives are realized.

Every person has strengths and limitations. When you focus on a person's strengths, that person becomes aware of the special and unique qualities he or she has. People who have disabilities have the need and right to develop to their fullest and be involved members of their communities. Integrated programs allow disabled individuals to take part in the everyday life of the community, to be accepted and accept others. This will, in turn, open up to them many more opportunities and experiences.

First Thoughts

Before you begin to plan an integrated recreation program — that is, a program designed to include children with disabilities and those without — there are many questions to be asked.

They are very basic questions, and very important ones. After reading and working through this manual, you will have a much better idea about what you believe your program can accomplish, how to plan it, and how to help ensure that it will be a positive and worthwhile contribution to your community.

I. How do I **plan** for integrated programs?
   - — What do *integration* and *normalization* mean?
   - — Who are the disabled?

II. How do I **set up** an integrated program?
   - — How do integrated programs differ from regular recreational programs?
   - — How do I prepare for integration?
   - — What assistance/resources are available to me?

III. How do I **operate** an integrated program?
   - — How do I achieve social integration? How do I promote positive attitudes toward the disabled children? How do I encourage social interaction?
   - — How do I adapt activities so that the disabled children are able to participate with the other children?

IV. How do I **plan for a continuation** of integration?
   - — What factors are involved in continuing the process of integration in the future? Can I plan ongoing year-round programs?

Let's get organized. Where do we begin?
Maybe we should develop a plan.

THIS PLAN IS IMPORTANT...

STEPS TO SETTING UP AN INTEGRATED PROGRAM

I. Philosophy development - Think about the concepts of:

   a. recreation
   b. play
   c. child development
   d. integration and normalization

II. Assessment - Make sure you know:

   a. yourself
   b. your community
   c. the participants
   d. the facilities
   e. the integration potential

III. Program Plan

   a. Develop your purpose, goals and objectives
   b. Obtain resources
   c. Prepare the:
      - leaders
      - participants
      - community

IV. Program Implementation - Know how to achieve and plan for:

   a. social integration
   b. adaptations

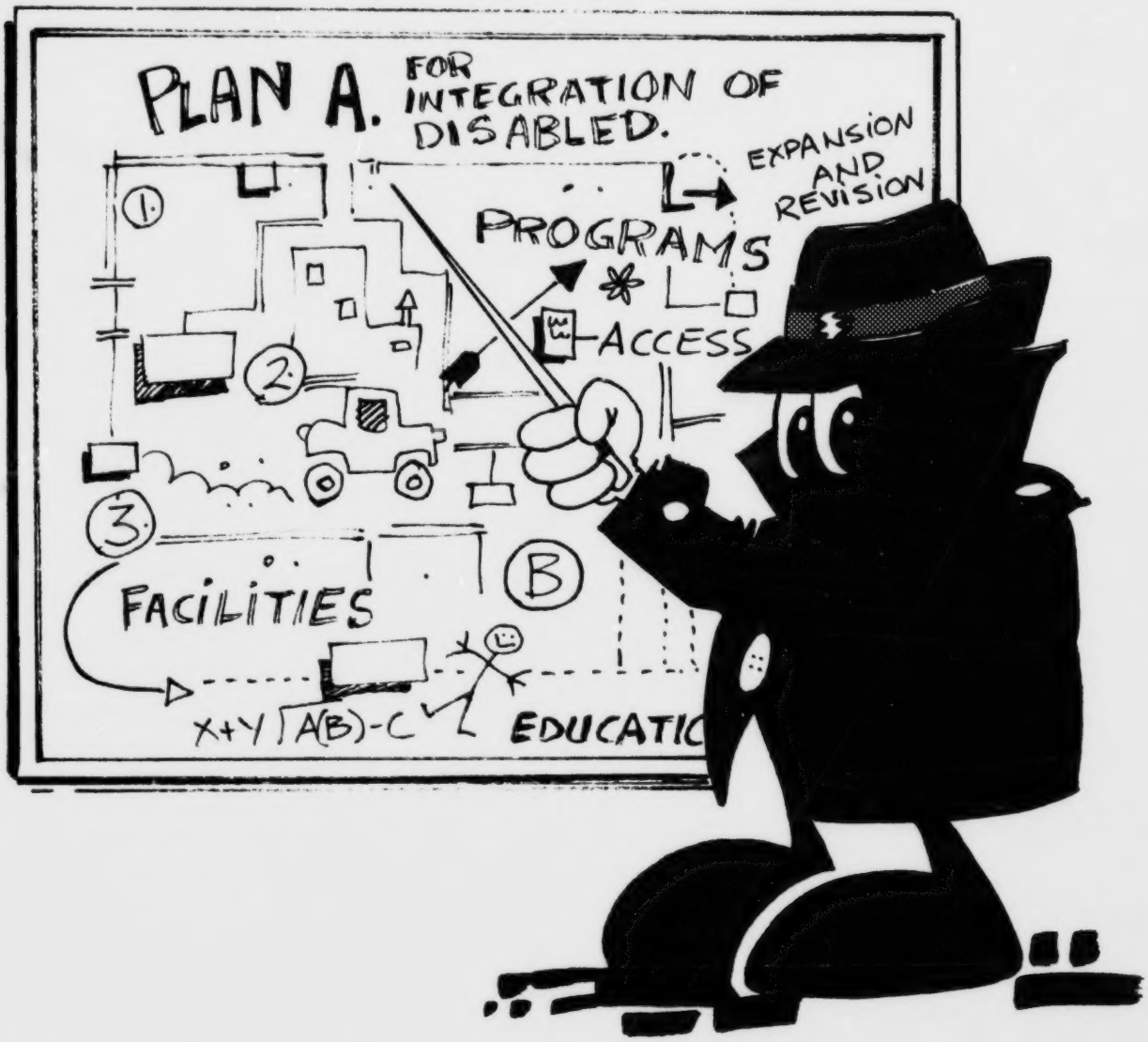
V. Evaluation - Evaluate the

   a. activities
   b. leadership
   c. children
   d. administration
   e. areas/facilities

VI. Program Revision and Re-implementation:

   a. Prepare a policy statement
   b. Develop ongoing programs
   c. Upgrade skills
   d. Promote public awareness

How does the plan work?



Let's look at it step by step, in more detail.

1. PHILOSOPHY DEVELOPMENT

What is a Philosophy?

Successful recreational programs for disabled children do not just happen — they must be planned. When you plan a program, you need to know why you are doing it and what you hope to accomplish. You need a conceptual framework, a philosophy. The philosophy provides a basis for understanding, direction and justification from which recreational programs for the disabled can be established.

To plan an integrated program, recreation co-ordinators and staff need to have an accurate understanding and acceptance of the basic concepts of *recreation, child development* and *creative play*, as well as *integration* and *normalization*. The recreational activities you plan now will have many implications for recreational opportunities for, and acceptance of, disabled people in the future.

A. Recreation

Why does any person participate in recreational activities?

What would life be like with *no* recreational opportunities?

What is Recreation?

1. **Recreation is a need.**

Recreation is a basic human need. Recreation should complement work or school and be instrumental in enhancing the quality of life. The benefits derived from recreation may fill other needs — perhaps physical, social, safety, self-esteem and self-actualization needs. A disability should not restrict a person from engaging in a recreational activity.

2. **Recreation is fun and enjoyable.**

Recreation allows individuals to develop strengths and interests while they are having fun.

3. **Recreation is voluntary.**

Every person should be allowed to participate in a recreational activity of his or her choice.

4. **Recreation is a variety of experiences.**

The possibilities are almost limitless. A recreational activity may involve art, drama, music, a sport, reading or a special event. It may be an active or passive activity.

It may be done in groups or alone.

5. **Recreation may be an end in itself or a means to an end.**

The benefits a person obtains from a recreational experience may be those benefits derived from simply partaking in the activity (such as enjoyment or increased self-esteem), or they may involve the upgrading of skills to allow the individual to participate in another desired activity at a later date.

6. **Recreation is informal learning.**

Through recreation, an individual may maintain and possibly learn new skills. The learning, however, is through play. *Fun is an essential component of the experience.*

7. **Recreation is free time.**

Time spent in activities, apart from work or school, is recreation.

Your definition of recreation is:

Questions to Consider

1. Is recreation a need which all people have?

2. What does a person get out of recreation?

3. Do disabled persons have recreational needs?

4. How does recreation for the disabled person differ from recreation for the non-disabled person...or does it?

5. Should disabled people take part in existing recreational programs in the community, or should separate programs be set up for *only* the disabled?

6. Who is more prepared to offer recreational programs which include disabled people?

   — a recreation department that has skills in co-ordinating recreational opportunities for people, or

   — a group that has skills in working with the disabled, but not necessarily skills in planning recreational programs?

CLUE:

Plan for *all* people. This way the disabled will be included.

Your thoughts on recreation:

Inspector's Notes:

Recreation is important to all people...even the disabled.

Disabled people need recreational activities, too, and a variety of experiences. Experiences should be as varied as the interests of the disabled.

Recreational programs in which disabled people participate do not and should not differ drastically from recreational programs for *any* person.

B. Play

Play is vital to the development of a child. It is natural and develops in response to the child's own needs. The process of play is more important than any product or end result. Play is enhanced by the provision of leadership and variety of play opportunities.

Play is: (Canadian Council on Children and Youth, 1978)

1. essential in the lives of children as it helps them master their environment and cope with the world around them,
2. natural and spontaneous,
3. discovery of oneself,
4. opportunity for each child to develop socially, emotionally, intellectually and physically,
5. exercise,
6. learning,
7. feeling - it allows children to work out frustrations.

Types of play are: (Saskatchewan Parks and Recreation Association, 1981)

1. Creative
   — children manipulate and combine materials to produce finished products meaningful to them.

2. Destructive
   — if objects can be reduced, children will learn to better understand what they are and how they work.

3. Imaginative
   — fantasy play.

4. Adventure
   — through adventure play, new skills are developed, heights are reached which have never been risked before, abilities are tested and self-confidence is increased.

Play activities may be in a variety of settings; play can be:

- solitary play
- parallel play
- individual competitive play
- individual co-operative play
- group co-operative play
- group competitive play

Children need to be allowed to play indoors and outdoors, to be quiet and noisy, to be constructive and destructive, to run free, to touch, taste, feel, smell, see and experience the world around them. Children who are never allowed to mess with mud, water or sand, are deprived of learning about and experiencing a major part of their environment.

One of the great values of play is that children do not have to fit into a mold. Play provides an opportunity for children to develop their own interests, to be spontaneous and creative, to explore in response to their own needs and curiosity and to do all these things at their own pace.

If play leaders appreciate the differing needs of each child, they will be able to respond to these needs with greater flexibility and plan programs that take into account the individuality of each child.

Play leaders will learn:

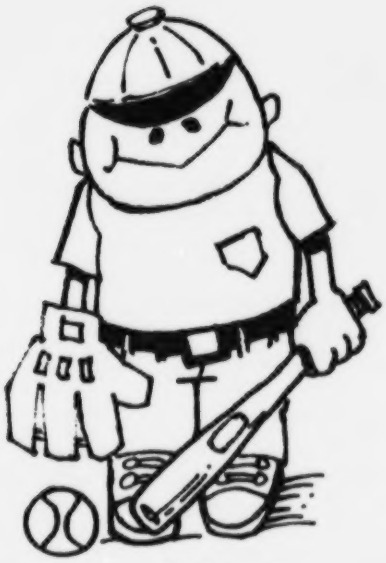
- play is every child's right;
- play is spontaneous, self-directed and instinctive;
- play allows the child to develop at a pace which is comfortable for him;
- play involves the child's total being — his social, emotional, physical and intellectual self;
- play allows the child to interpret his world and his place in it;
- play reinforces his formal learning;
- play allows for the integration of the child's skills and learning;
- play can be its own reward or a means to an end; and
- play is enhanced more by the adult's assistance in creating opportunities than by direct intervention.

Questions to Consider

1. Do disabled children need to play?
2. What play activities are appropriate for non-disabled children?
3. What play activities are suitable for disabled children?
4. Do they differ?

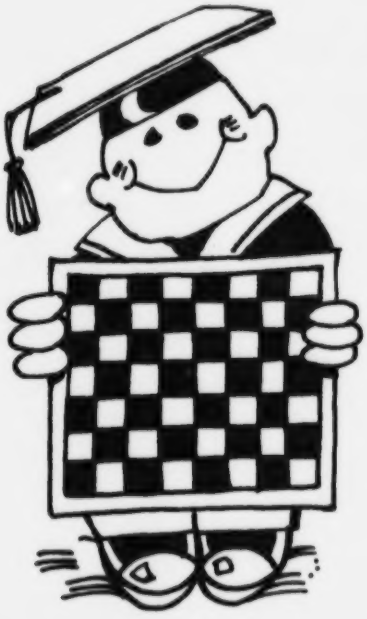
Which types of activity can a disabled child take part in?

active



creative

mind games



passive

A child with a disability can do ALL OF THEM! And remember...*every child has unique interests.*

Your thoughts on play

Inspector's Notes:

Play is important to every child...even the child with a disability. Every child can play...if he or she is given the opportunity.

Children enjoy many types of play.

* **Allowing all children the opportunity for play experiences seems to be very important.**

C. Child Development

Every child is unique, develops at his own pace in many ways, passes through identifiable stages of growth, and should have access to a variety of play experiences to enhance his growth and development.

Human development is a growing process which occurs in gradual stages. Young children are unable to grasp simple facts or learn simple skills at one stage of their development. At a later stage, they can more easily understand many facts and master much more complex skills. It is unrealistic to expect children at one stage of development to learn skills that can be mastered at a later developmental stage.

There are many types of growth. They are: physical, intellectual, social and emotional growth. (Saskatchewan Parks and Recreation Association, 1981)

1. **Physical growth**
   - is the development of muscles, bones, etc.;
   - is optimized by good nutrition, adequate rest and physical exercise.
2. **Intellectual growth**
   - children are and need to be continually learning;
   - children should be allowed to explore, to see how their ideas work, and to develop their natural curiosity;
   - through play, a child finds a chance for this kind of free expression.
3. **Social growth**
   - does not occur in a vacuum;
   - results from interaction with one another;
   - is enhanced when a child feels he belongs and is part of the group;
   - may begin with parallel play and later co-operative play.
4. **Emotional growth**
   - is helped by being allowed to express feelings;
   - is influenced by a child's ability to accept and recognize feelings of joy, sorrow, anger, fear, love and hate;
   - the response of the adult to the expression of these feelings will influence the child's emotional growth;
   - a feeling of self-worth is probably the single most important ingredient that nourishes emotional growth.

Even though a child is disabled he is still an individual. He has needs and passes through the same stages of growth as any child. Depending on his type of disability, he may take longer to pass through certain stages of growth but he must still be encouraged to develop skills in a particular sequence. Remember, too, that all individuals have needs, ranging from physiological needs such as food, clothing, and shelter, to higher level needs such as safety, love and affection, self-esteem and finally, self-actualization.

Developmental Characteristics

Here are some general characteristics of children at various ages:

Age 3

A child at this age usually:

- likes quiet play;
- is learning to play and share with other children;
- shows affection for younger siblings;
- is developing self-control;
- is doing things for him/herself;
- is learning differences between yesterday and tomorrow;
- shows affection;
- is perfecting use of small muscles;
- is using fingers for crayoning, cutting and pasting with more success;
- likes pull, push toys;
- is able to use tricycles, swings, slides and teeter-totters;
- participates in simple conversation;
- eats with fork and spoon;
- can pull pants up and down.

Age 4

This child generally:

- does things to extremes;
- has increasing self-confidence;
- is curious;
- enjoys playing with other children;
- is co-operative, manageable and generally reasonable;
- shows improved speech ability;
- appreciates past, present and future;
- shows more elaborate painting, cutting-out, hammering, sawing and ball-playing ability;
- walks along, and up and down stairs;
- rides a bicycle;
- can draw head and house;
- can dress and undress;
- washes and dries hands;
- matches and names four primary colours.

Age 5

This child generally:

- has self-confidence;
- is calmer;
- is more dependent on opinions of others and less dependent on help;
- is older and wiser than a three-year-old;
- is fluent and correct at speech;
- asks meaning of abstract words;
- appreciates meaning of clock;
- displays tenderness and protectiveness toward younger children and pets;
- chooses friends;
- can play many games;
- can ride two-wheeler bikes and scooters;
- is not ready to write or read, but interested in the prospect of learning;
- is skillful in climbing, swinging, digging and various stunts;
- skips on alternate feet;
- draws recognizable man with head, legs, arms and features;
- draws simple house with doors;
- gives home address, age and birthday;
- uses knife and fork.

Ages 6 - 8

A child in this age group usually:

- has a short attention span;
- has large muscles which are more developed than smaller muscles;
- is individualistic and possessive (ego-centred);
- is dramatic, imaginative and imitative;
- is active, energetic, and responsive to rhythmic sounds;
- is curious and wants to find out things;
- wants chances to act on his or her own and is annoyed at conformity;
- continues to broaden social contacts or relationships;
- seems to be in perpetual motion;
- enjoys competitiveness;
- may like direction or may like to explore.

Ages 9 - 11

A child in this age category usually:

- grows steadily, showing rapid increase in strength;
- is robust, active, noisy, restless;
- enjoys rough-and-tumble activities;
- begins to show sex difference, with girls being taller and more mature than boys;
- has strong peer ties — loyalty to teams, groups, etc.;
- has enthusiasm which often exceeds wisdom;
- is sensitive to criticism, craves recognition;
- enjoys learning new things;
- may show increasing independence and desire to help;
- wants to be liked by peers, to belong;
- wants approval, but not at the expense of his or her group relationships.

Ages 12 - 14

In this age group,

- a child is experiencing rapid physical growth which is frequently uneven among various parts of the body; awkwardness and inability to co-ordinate sometimes occur;
- muscles, heart, lungs and bones share liberally in the growth spurt;
- boys and girls are showing differences in interests and in abilities;
- interest in members of one's own sex broadens to include an interest in members of the opposite sex;
- there is great loyalty to groups such as clubs, gangs and teams, and there is a keen desire for group acceptance;
- there is strong desire for individual recognition and the urge to be free of adult restrictions;
- emotions are easily aroused and swayed;
- the interest span lengthens, the child may want to continue in activities beyond fatigue to exhaustion;
- there is a keen interest in competitive activities;
- the enjoyment of organized team sports is keen;
- a child is establishing independence from adults in self-identification and emotional freedom;
- he or she is developing intellectual language and motor skills essential for individual and group activities;
- the child is acquiring concepts and values as guides to behaviour;
- a child is experiencing group pressures, sharing values and attitudes;
- approval and influence of peer groups becomes a strong force.

Questions to Consider

1. Do all children develop physically, emotionally, socially and intellectually?

   (Does a mentally disabled person develop intellectually?
   Does a physically disabled person develop physically?
   Does an emotionally disabled person develop emotionally?)

2. Can a physically disabled person play social games?

3. Can a mentally disabled person learn physical games?

4. Can a mentally disabled person play mind games or a physically disabled person participate in physical activities?

5. Are non-disabled children encouraged to develop skills through play?
   Do we have the same expectations for disabled children?
   Why or why not?

CONSIDER THE FOLLOWING SITUATIONS:

a. a *non-disabled* 13-year-old is placed in a recreation program for, and with, 6-year-olds.

   What would be the result?

   How would the 13-year-old feel?

   What would be suitable activities?

b. A 13-year-old physically or mentally disabled teen is placed in a program with twenty, 6-year-old children.

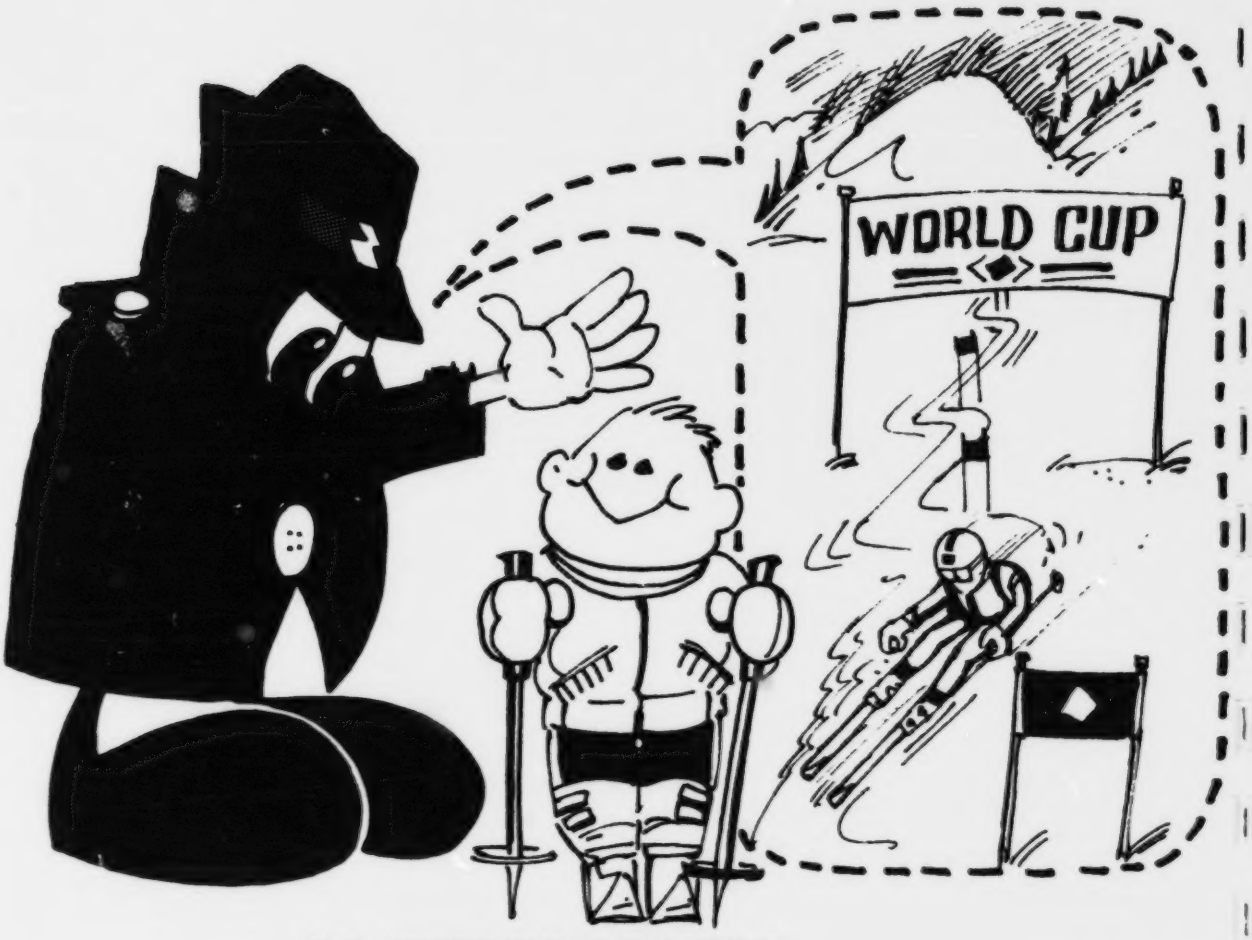
   What would be the result?

   How would both ages of children feel?

   What would be suitable activities?

ARE THESE SITUATIONS THE SAME? The answer is YES.

CLUE



IF YOU TREAT A MAN AS HE IS, HE WILL REMAIN AS HE IS.

If you treat a man as he should and could be, he may become what he should and could be. Never underestimate another's potential for no man has a right to set limitations and restrictions on another man's potential. Each of us has an obligation to assist others to develop to their potential.

Unknown

Inspector's Notes:

Every person develops intellectually, socially, physically and emotionally.

Just because a person is limited in one area does not mean he is limited in all areas.

A mentally disabled person *can* learn; therefore, a disability *does not stop* development but seems to delay it.

A disabled person is more similar than dissimilar to others of the same age.

Your Notes:

D. Normalization and Integration

Normalization

Normalization means...A normal rhythm of the day.
You get out of bed in the morning, even if you are
Profoundly retarded and physically handicapped;
You get dressed,
And leave the house for school or work,
You don't stay home;
In the morning you anticipate events,
In the evening you think back on what you have accomplished
The day is not a monotonous 24 hours with every minute endless.

You eat at normal times of the day and in a normal fashion;
Not just with a spoon, unless you are an infant;
Not in bed, but at a table;
Not early in the afternoon for the convenience of the staff.

Normalization means...A normal rhythm of the week.
You live in one place,
Go to work in another,
And participate in leisure activities on weekends,
And look forward to getting back to school
Or work on Monday.

Normalization means...A normal rhythm of the year.
A vacation to break routines of the year.
Seasonal changes bring with them a variety
of types of food, work, cultural events, sports,
Leisure activities
Just think...We thrive on these seasonal changes!

Normalization means...Normal developmental experiences
Of the life cycle;
In childhood, children, but not adults go to summer camps.
In adolescence one is interested in grooming, hairstyles,
Music, boyfriends and girlfriends.
In adulthood, life is filled with work and responsibilities.
In old age, one has memories to look back on, and can
Enjoy the wisdom of experience.

Normalization means...Having a range of choices,
Wishes and desires respected and considered.
Adults have the freedom to decide
Where they would like to live,
What kind of job they would like to have and can best perform,
Whether they would prefer to go bowling with a group,
Instead of staying home to watch television.

Normalization means...Living in a world made of two sexes,
Children and adults both develop relationships with
Members of the opposite sex.
Teenagers become interested in having
Boyfriends and girlfriends
Adults may fall in love, and decide to marry.

Normalization means...The right to normal economic standards
All of us have basic financial privileges, and responsibilities,
Are able to take advantage of
Compensatory economic security means,
Such as child allowances, old age pensions and
Minimum wage regulations
We should have money to decide how to spend;
On personal luxuries, or necessities.

Normalization means...Living in normal housing
in a normal neighborhood.
Not in a large facility with 20, 50 or 100 other people
Because you are retarded,
And not isolated from the rest of the community.
Normal locations and normal size homes will give residents
Better opportunities for successful integration
With their communities.

— Bengt Nirje

Normalization and integration complement one another. Both should occur together.

Normalization (Wolfensberger, 1972)

— Normalization is both a process and goal.

— It involves all of what we do and say in our interaction with the disabled.

— The "process" relates to how we treat and work with the disabled.

— The "goal" is to enable disabled people to live and appear in a way which distinguishes them as little as possible from the rest of society. Normalization implies selecting methods that are as close as possible to typical ways of doing things. It does not imply making the disabled "normal", but rather giving them every opportunity to fit into society.

Integration (Hutchison and Lord, 1979)

— is a process in which programs ranging from segregated to totally integrated programs are available to people with disabilities. It allows a disabled individual to participate at a level of integration suitable to his or her choice and ability at that time.
IT IS NOT AN END PRODUCT.

— is a process whereby disabled persons share experiences similar to those of their non-disabled peers; integration is not a situation in which disabled participants are being forced into impossible competition.

— means providing disabled persons with opportunities to upgrade skills and confidence; it does not mean being denied special services.

— is *individuals* participating in community experiences of their choice; it is not the congregation of groups of disabled persons or a mix of several persons with different disabilities.

— means providing support for persons previously not involved; it is not a matter of merely using services already in existence.

— means being allowed the dignity of risk and engaging in age-appropriate activities.

Considerations

1. In the process of integration, each program should be viewed as a stepping stone toward the eventual goal: to allow the disabled child to take part in regular recreational opportunities.

2. It's important to remember, however, that not every disabled child is ready for (or would benefit from) immediate involvement in community-based recreational opportunities. Segregated programs will continue to be important to some disabled people. Some people with severe disabilities, for example, may never be ready for totally integrated activities. Always try, however, to integrate programs as much as possible.

3. The principle of normalization is applicable to a wide range of disabilities.

4. Successful participation in community recreational opportunities depends on the gradual involvement of *small* groups of people with disabilities.

5. Normalization vs. the grouping of persons with different disabilities together, are two different approaches. Exposing individuals to a normalized leisure environment necessitates that they interact freely with a variety of disabled and non-disabled persons with similar recreational interests.

6. Disabled persons should have access to appropriate recreational programs and activities.

7. The involvement of disabled persons in community leisure opportunities can best be achieved by a co-operative approach. (This will be discussed further on in this manual.)

8. A disabled person has a variety of skills. He or she may be able to be totally integrated into some activities and partially integrated into others.

9. To be totally integrated, a disabled person must be *physically* integrated (participating directly with the non-disabled) and *socially* integrated (accepted by the non-disabled).

Why Integration?

Integration, if planned carefully, can have many benefits for the entire community. In planning for integration, remember that:

- It is a gradual process. Children living in institutions cannot be totally integrated in one day. It must be a gradual process which advances as both the child and community are ready.

- Each child who is disabled must be considered individually. One child may be ready for integration sooner than his/her friend.

- Successful integration in one activity does not mean that the child is ready for integration in all activities.

Benefits

1. ***To the disabled*** - The process of integration can allow children with disabilities:
   - to have FUN. To laugh, play, be creative and enjoy being away from the routine in their lives;
   - to experience new things such as going on a hayride, swimming in a lake or playing in sand;
   - to meet other children;
   - to feel a sense of belonging in the community;
   - to develop a sense of self-confidence and independence;
   - to learn the benefits of physical fitness and new recreational skills;
   - to be accepted into the community and be considered less "different";
   - to further develop their social, intellectual and physical skills;
   - to have an alternative to inactivity and boredom.

2. ***To the non-disabled*** - Integration provides non-disabled children with a chance:
   - to realize the *strengths* and *abilities* of the disabled;
   - to be more accepting and understanding of individual differences;
   - to learn from and be with the disabled;
   - to acquire accurate knowledge about disabled people.

3. ***To the parents/guardians of the disabled*** - Parents and guardians will be able:
   - to learn how to work better with their children;
   - to learn how to instill increased independence, self-confidence, and dignity of risk in their children;
   - to have temporary relief from the care of their children;
   - to be provided with new activities to do with their children;
   - to be provided with an additional human source of emotional support for their children.

4. ***To the families of the disabled*** - Integration will serve:
   - to provide an enjoyable activity to be shared by a disabled child and his/her siblings;
   - to teach siblings how to play *with* their disabled brother or sister;
   - to make brothers and sisters more accepting of their disabled member of the family.

5. ***To the community*** - Integration can allow the community:
   - to become more accepting of, aware of and understanding of individual differences;
   - to develop a greater sense of community, whereby not just a select few individuals participate in recreational programs, but recreational opportunities are really there for all.

6. ***To recreation staff*** - Staff members will have the chance:
   - to learn new skills of listening, seeing, and teaching;
   - to become more innovative in programming through adapting and creating something new instead of providing the same ongoing activities;
   - to be more aware of individual needs and interests of all the children;
   - to gain a valuable practical experience;
   - to learn how to work in a team approach;
   - to improve attitudes toward the disabled.

7. ***Recreation department*** - The process of integration can allow the department:
   - to open up a new community group or market by providing services for those not presently being served;
   - to train members of the community to work with the disabled;
   - to acquire greater community support for its activities — providing integrated programs will demonstrate its initiative in creating new and innovative opportunities for all.

Questions to Consider

1. Why integrate? Is it a good idea?

2. When should integration occur? What time of year? What time of day? In which activities?

   Only in the summer?

   ...What if I were a disabled child who enjoyed winter sports?

   Only in the morning?

   ...What if I go to school in the morning?

   Only for certain activities, such as shuffleboard and painting?

   ...What if I would like to learn aerobic dance?

3. Who should be responsible for integration?

CLUE:

Maybe we should find out what our disabled children would like to do and can participate in. I cannot plan by myself... There are others in the community who can help me.

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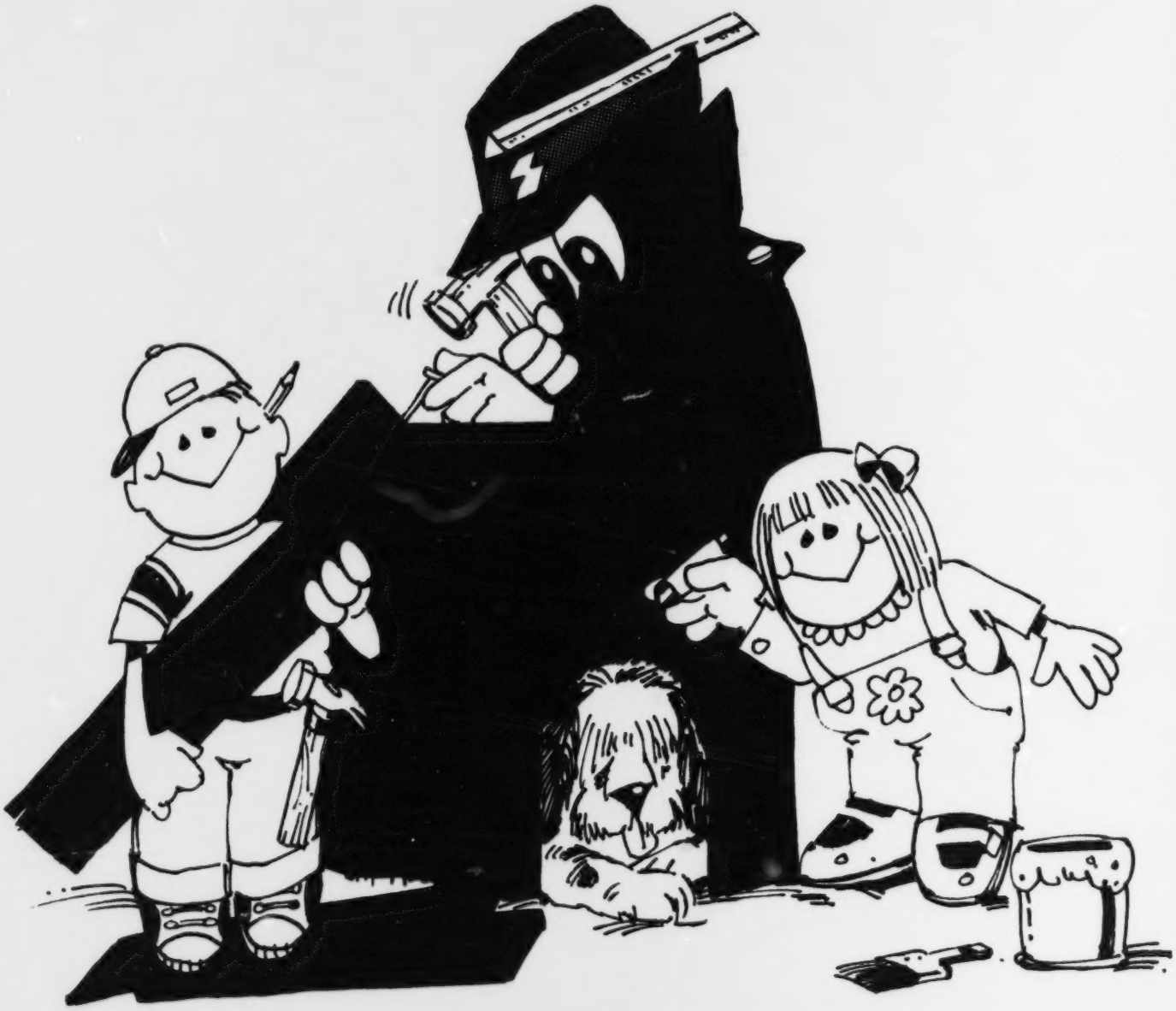
2. ASSESSMENT



To plan programs for children with disabilities, maybe we should plan *with* them and the community. How can we plan unless we know what is needed?

Be Sure to do an Assessment

Whether or not an integrated recreational program will be a success will depend a great deal on the assessment you do in advance — before you even begin to plan your program. You will need to assess and understand your own attitudes, the attitudes and general outlook of your community, and the people who would be taking part in the program.

You also need to look closely at the suitability of the facilities and sites you would use for the program. After you make a thorough assessment of the many factors which will undoubtedly have an influence on the type of activities you offer, you will be able to design an integrated program which will be the most appropriate for your community and the most likely to succeed.

A. Yourself

"What you think of me, I will think of me. What I think of me, will be me."

Our attitudes underlie our behaviour and everything that we do. Positive attitudes create opportunity and acceptance for the disabled; negative attitudes cause barriers against integrating disabled people into recreational activities.

An essential step to take before working with the disabled is to understand *your* own attitudes.

Questions to Consider

1. Who are the disabled?

2. What is a disabled person like; what does he or she look and act like?

3. How do you know a person has a disability?

A person with a disability is:

Of these people...

Who is disabled? A, B, or C?

THEY ALL HAVE DISABILITIES! People with disabilities are all types of people. Everyone is disabled in one way or another.

What Exactly Is A Disability?

An individual who is referred to as *disabled* is an individual who, because of an impairment, is limited in some skills or unable to perform some tasks, movements or activities. A disability may be the result of impairment of, or defect in, a function or part of the body, and may be acquired from birth or later in life.

Although the person is unable to carry out specific activities, he or she may still be proficient in many other areas. An individual is not *handicapped* unless he is placed in a situation where he is unable to meet the expectations that others have of him or expectations he has for himself. Disabled people need not be handicapped.

Do you have a disability or disabilities?

List five of your strengths (personal qualities); e.g. artistic, good sense of humor, etc.

1.

2.

3.

4.

5.

List five of your limitations/disabilities (e.g. allergies, smoking, shyness)

1.

2.

3.

4.

5.

Do your limitations affect participation in any activities?

Which ones?

Why?

CAN SOME OF YOUR LIMITATIONS BE OVERCOME? How?

Try describing some ways of reducing your limitations.

Limitations	**Method**
example - shyness	— to make an effort to socialize in some small recreation groups to build self-confidence
1.	
2.	
3.	
4.	
5.	

Disabilities may be classified into categories. They are:

— mental disabilities

— physical disabilities

— sensory disabilities

— emotional disabilities

Within each category, disabilities range from mild to severe. It is also important to remember that:

- Every person has special needs,
- Every person has special interests,
- Every person has special skills,
- Every person has rights,
- Every person has limitations and disabilities.

A child with a disability is first a child and, secondly, a child with a disability. The disabled child is a child with the same needs, desires, thoughts and drives as other children. All children want to be accepted by peers, be included in activities and have friends. It is through play and recreation that children have the chance to meet these needs. A disabled child does not want sympathy nor does he want to be different. He wants others to understand his condition and to recognize that he is more like any child than he is different.

Your Attitudes

Now...the following exercises are important to examine your own attitudes.

1. For a period of time (a couple of hours, a day), assume that you have a disability.

   Determine the implications of being unable to hear, see, speak, walk, understand, move or co-ordinate body movements. This may be done by using wheelchairs, ties, blindfolds, ear plugs, or thinking of other exercises. (Try some of the exercises which begin on page 152)

   While assuming the disability, attempt a variety of tasks. You could try to:

   a) complete life skills (eating, washing, dressing, and so on);

   b) participate in recreational activities (sports, crafts, music, drama, and others);

   c) walk or move around a facility (observe washrooms, sinks, phones, doors, windows and water fountains);

   d) walk or move outside;

   e) take a bus (if possible);

   f) go to shopping centres, libraries, theatres;

   g) others

   _____

   _____

   _____

   _____

   _____

NOTE: Place yourself in familiar and unfamiliar situations.
Attempt task alone or with others.
Associate with familiar and unfamiliar people.

2. Once you have completed those activities, discuss or think about the following questions:

   a) How did you feel as a disabled person?

   b) What problems did you encounter?

   c) What changes would have to be made to your lifestyle if you were disabled?

   d) Did you have the same freedom that you have as an able-bodied person?

   e) Could you perform all the tasks? Did you require or request assistance?

   f) Could you get around on your own? Did you require or request assistance?

   g) If you required assistance, how did you feel about being dependent?

   h) How did others view you? Did they automatically assume you needed help? Did they ignore you? Were they afraid of you? Curious?

3. How do *you* feel when you are with a disabled person?

   Do you view him or her as a *disabled* person or a person *with a disability*?

4. To determine your attitudes towards those with disabilities, spend some time with the disabled children who might be in your program. If possible, observe the children in a variety of settings:

   — at home,

   — with other children,

   — alone,

   — playing,

   — at school,

   — with family.

   To help understand disabled children:

   — observe the children,

   — talk with the children,

   — play with the children,

   — talk to the teachers,

   — talk to family and friends.

5. Do enough research to acquire some general understanding of each disability and be aware of what the implications are for recreational programming.

6. Understand the aids and appliances used by the disabled (wheelchairs, crutches, hearing aids, bliss boards, and so on). Learn the proper techniques of lifts and transfers.

7. Consider why you want to work with disabled children.

   I want to work with the disabled because _____

   _____

   _____

   _____

8. Take some time to think about your opinions. There are no correct or incorrect resopnses but you must be aware of your attitudes and how they may have many implications for your program.

   Do you feel that recreation is important to the disabled? Why or why not?

   Do *you* feel that integration is important and necessary?

   ☐ YES ☐ NO ☐ UNSURE

   When should integration occur?

   ☐ In all activities that the disabled wish to and are able to participate in ☐ In certain activities where facilities and programs allow for it ☐ Never

   Who should provide recreational programs for the disabled?

   ☐ Recreation department ☐ Recreation department assisted by association ☐ Association assisted by recreation department ☐ Association ☐ Other ☐ No one

"If I want integration to happen, it can happen. However, I am only one person in my community and I can't do it alone."

HOW MUCH INTEGRATION WOULD YOU LIKE TO SEE HAPPEN?

Circle what you would like to have happen in your Community

(Arsenault, D. and Wall, A., 1979)

B. Your Community

Get to know and better understand your community, to find out what its characteristics are, what its needs are, and who can help you plan and operate the integrated program. Let's look at the community more closely.

General Community Characteristics

Plan *with* the community rather than for the community. As each community is unique, your integrated program may be a little different than another community's. Many things make your community special. Make an assessment of your community with the help of the outline in the following pages. After doing so, you will be able to take into account its special characteristics and use its resources in planning an integrated program which will be the most suitable for, and successful in, your community.

What is your community like? If you do not know as much as you would like to about your community, take some time to find out.

Some information may be obtained by consulting:

- the telephone directory,
- the recreation master plan (recreation department),
- the town office,
- information from the local Chamber of Commerce,
- the Better Business Bureau,
- Tourist Information Centres,
- social services agencies,
- hospitals,
- residents within the community,
- others

_____

_____

_____

Briefly assess your community. Note the more significant characteristics that will influence your integrated program.

Date of Assessment:

Name of Community:

1. Location: (list some important surrounding communities)

2. History:

3. Population characteristics:

   a. size

   b. age distribution

   c. number and ages of disabled people

   d. location of disabled people

   e. socio-economic status

   f. education level

   g. political affiliations

   h. religions

   i. general attitudes towards the disabled and integration

      (Has integration been attempted before? What was the result?)

4. Services (for all people). Make notes of:

   a. educational institutions:

      - elementary schools

      - junior high schools

      - high schools

      - technical schools

      - colleges and universities

      - extension courses

      - others

   b. health services (such as health clinics, Victorian Order of Nurses, doctors, dentists, physiotherapists and hospitals);

   c. social services (such as Family and Community Support Services, Meals on Wheels, Home Care, Services for the Handicapped, and Alberta Alcoholism and Drug Abuse Commission):

   d. recreational services and programs (including children's programs):

e. churches:

f. other government services (such as utility, telephone, postal and others):

g. media (television, radio, newspapers):

5. Businesses within the community:

6. Service clubs and organizations (Lions Club, Rotary Club and so on):

7. Associations (local associations for the disabled, recreation associations):

8. Influential residents, businesses and organizations *within* the community (include residents with specific knowledge of or experience in recreation for the disabled):

9. Influential business, agencies, individuals or communities *outside* the community:

Attitudes Toward The Disabled In Your Community

Every person in your community has his or her own attitudes toward disabled people.

Remember...

- Every person has his or her own attitudes and values.
- Attitudes develop over time from many influences and experiences.
- Whether a person's attitudes are positive or negative, his or her sincere beliefs will influence that person's actions and behaviour and, ultimately, the planning and implementation of your integrated program.

Positive attitudes toward the disabled

Why are positive attitudes important? Positive attitudes:

— allow people with disabilities to be active members of the community;

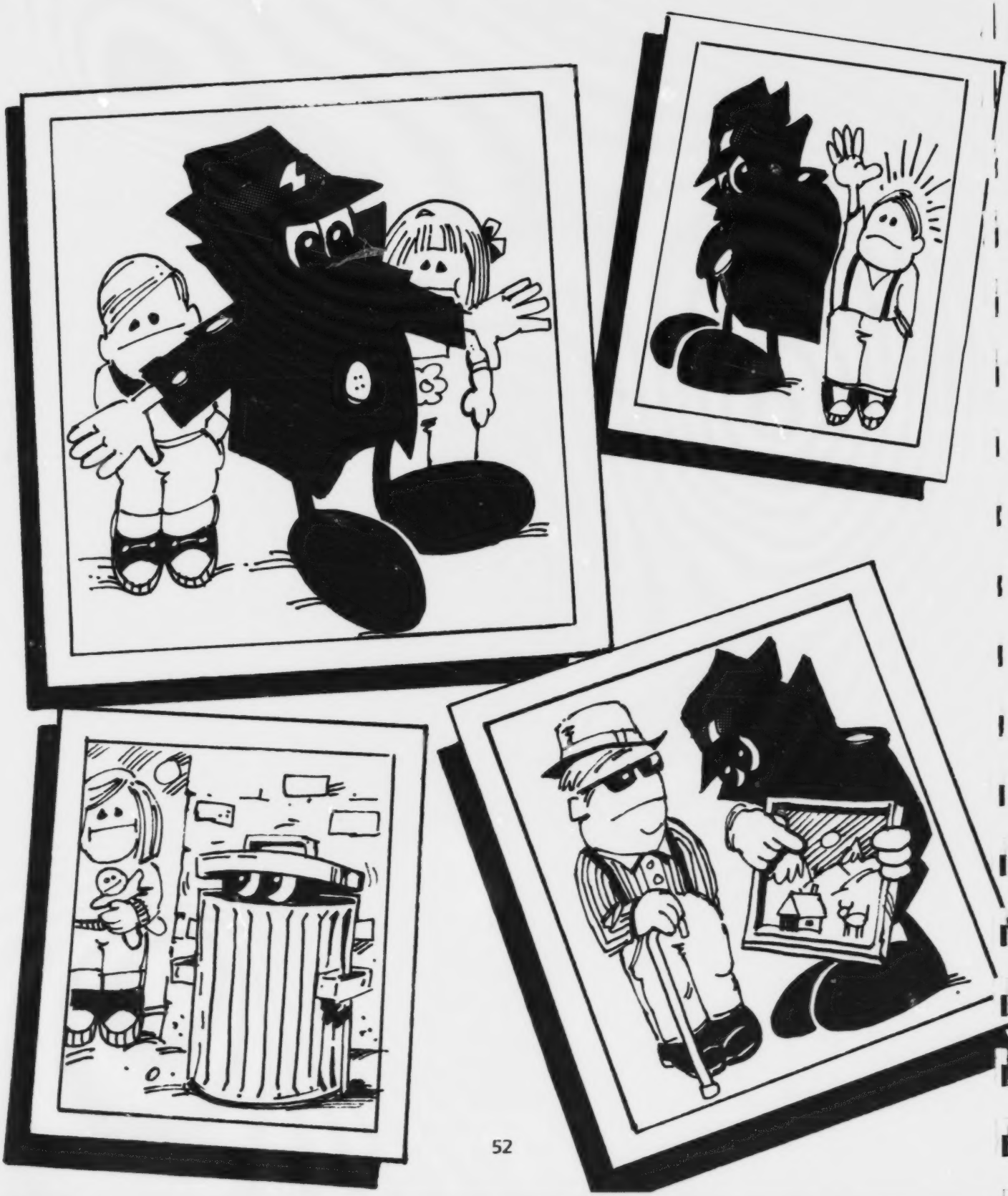
— create opportunity in recreation and everyday life;

— allow the needs of the disabled to be met;

— encourage the disabled to develop individual strengths and abilities;

— help to ensure facilities are, or will become, accessible to people with disabilities.

Attitudes that create problems for integration



Some of these negative reactions are:

- being over-protective
- belittling
- ignoring
- constantly helping
- pitying
- emphasizing the disability rather than the person
- ridiculing
- fearing

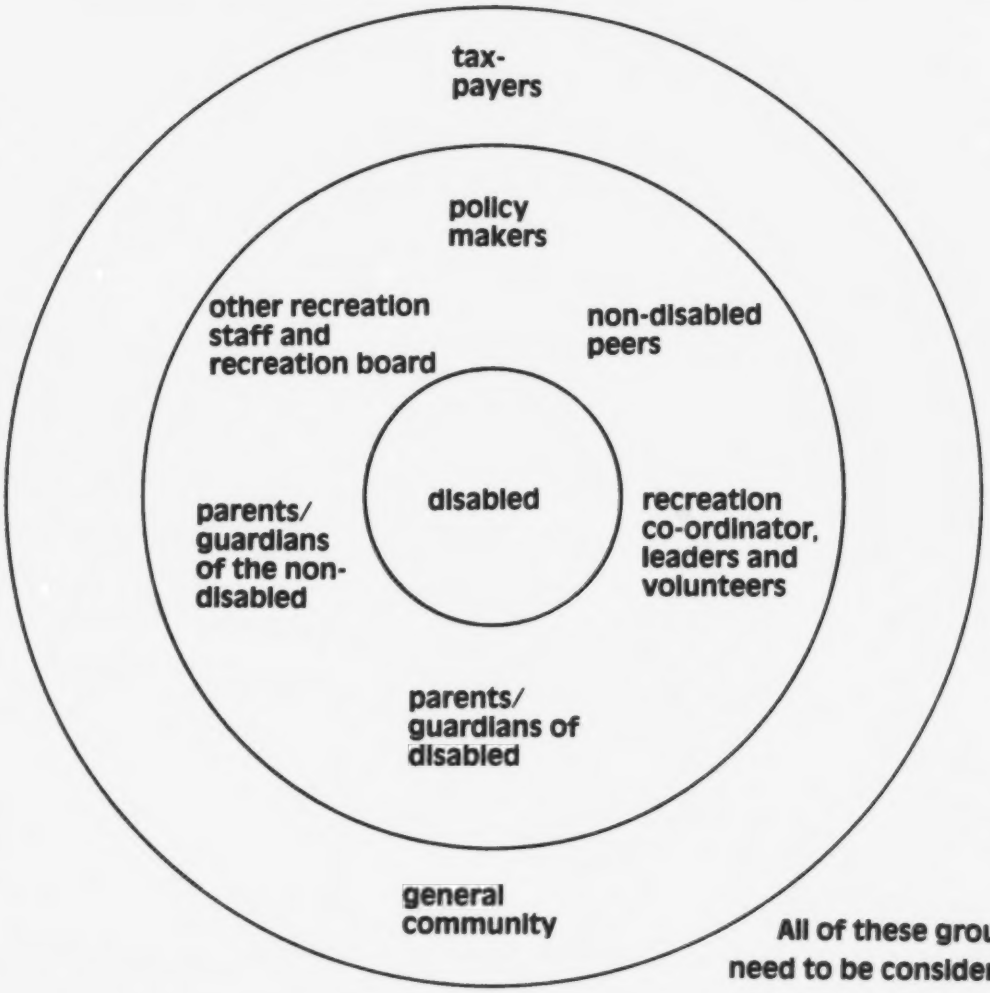
Points to remember

1. The person with a disability is a *person* first and foremost.
2. The disabled person has abilities and strengths, too.
3. A disability in one area does not mean a disability in all areas.
4. The disabled *may* need help, but do not necessarily always need help.
5. Every person is disabled in one way or another.

THE DISABLED ARE MORE SIMILAR
TO YOU AND ME THAN DISSIMILAR
BECAUSE...

WE ARE ALL PEOPLE!

In planning an integrated program, whose attitudes are we concerned about?



All of these groups need to be considered.

1. **Attitudes of the disabled children:**

What are the attitudes the disabled children may have toward themselves?

Their attitudes vary greatly. Attitudes may vary depending on the type of disability a child has, the extent of his disability, the time since onset of his disability, and the number of "supports" that the child has.

Having a disability is seldom easy and that child did not plan to be disabled.

Some disabled children are able to accept their disabilities; others are not.

The feelings that a disabled person has toward his disability, and about himself, are real and must be understood.

The disabled child is still a child first and foremost.

Memos From Your Child

by Robert J. Wilkes

Don't spoil me, I know quite well I ought not to have all I ask for — I'm only testing you.

Don't be afraid to be firm with me. I prefer it, it makes me feel more secure.

Don't let me form bad habits. I have to rely on you to detect them in the early stages.

Don't make me feel smaller than I am. It only makes me behave stupidly "big".

Don't correct me in front of people if you can help it. I'll take much more notice if you talk quietly in private.

Don't protect me from consequences, I need to learn the painful way sometimes.

Don't make me feel my mistakes are sin. It upsets my sense of values.

Don't be too upset when I say "I hate you". It isn't you I hate, but your power to thwart me.

Don't take too much notice of my small ailments. Sometimes they get me the attention I need.

Don't nag. If you do I shall have to protect myself by appearing deaf.

Don't make rash promises. Remember that I feel badly let down when promises are broken.

Don't forget that I cannot explain myself as well as I should like. This is why I'm not always very accurate.

Don't tax my honesty too much. I'm easily frightened into telling lies.

Don't be inconsistent; that completely confuses me and makes me lose my faith in you.

Don't put me off when I ask questions. If you do you will find that I stop asking and seek my information elsewhere.

Don't tell me my fears are silly. They are terribly real and you can do much to reassure me if you try to understand.

Don't ever suggest that you are perfect or infallible. It gives me too great a shock when I discover that you are neither.

Don't ever think it is beneath your dignity to apologize to me. An honest apology makes me surprisingly warm towards you.

Don't forget that I can't thrive without lots of understanding love, but I don't need to tell you, do I?

Don't forget I love experimenting. I couldn't get on without it, so please put up with it.

Don't forget how quickly I am growing up. It must be very difficult for you to keep pace with me, but please try.

Questions to Consider

In your community,

1. How do the disabled children view recreation?

2. Do they understand the concepts of normalization and integration?

3. Are they generally in favour of integration? For themselves?

4. Do the disabled participate in recreational programs?

Generally, the attitudes of the disabled children in my community are:

2. **Attitudes of the non-disabled:**

What are the attitudes of the non-disabled?

The "non-disabled" refer to the other able-bodied children in the recreational program.

Some non-disabled children have been with disabled people before; others have not.

Non-disabled children should not be protected from being with disabled children.

Younger children do not have preconceived negative attitudes about the disabled. If non-disabled children are not allowed to participate with disabled children, it may lead them to believe that there is something to fear.

Non-disabled children, too, are unique individuals with their own needs and interests.

Questions to Consider

In your community,

1. How do the children without disabilities feel about the children with disabilities?

2. How do they react toward the disabled?

3. Do they understand the concept of integration?

4. Do they attend programs that are integrated?

In my community, generally the non-disabled children's attitudes toward integration and toward the disabled are:

3. **Attitudes of parents of the disabled:**

What are their attitudes?

Each parent reacts differently toward having a disabled child. The impact of having a child with a disability is a reality that the parents are faced with every day. For some, tending to their son's or daughter's needs may take more time and care than they anticipated. For others, having a disabled child may be little different than having any child.

Some parents may be depressed and not know how to deal with their child. They may have false fears or unrealistic expectations. However, parents still want the best for their children.

Parents are human and may not always be perfect. The parent and child must learn to understand and accept one another. A disabled child spends a great deal of time with his family and, if they appreciate and accept him, he will learn to accept himself.

Questions to Consider

Generally, in your community,

1. What are the feelings of the parents toward their disabled children?

2. Do parents understand their children's disabilities? Do they have realistic expectations of the children's strengths and weaknesses?

3. Do parents understand what's meant by integration, normalization and recreation?

4. Do they support integration, normalization and recreation generally? For their children?

The parents of the disabled in your community generally have the following attitudes:

4. **Attitudes of the parents of the non-disabled:**

Parents are concerned with what their children are participating in and being influenced by. Experiences and opportunities that have a positive impact on their children are important to them.

Parents may perceive the disabled and integration in different ways. These attitudes can have many implications for the integrated program. Some may strongly support integration, others may not.

Parents may feel that their child may fear disabled children, have a lower quality program because of the presence of children with disabilities, or acquire negative mannerisms from the disabled.

Questions to Consider

In your community,

1. Do parents of the non-disabled children have an accurate understanding of people with disabilities?

2. How do they feel about the disabled?

3. Do parents understand the concept of integration and normalization?

4. How do they feel about integration and normalization generally? For their children?

In my community, the attitudes of the parents of non-disabled children seem to be:

5. **Attitudes of recreation leaders:**

Working in an integrated program can be an interesting and rewarding experience. It can also be challenging.

Since the recreation leaders work directly with the children, it is essential that they are aware of their attitudes.

Every person has feelings about the disabled and recreation leaders are no different. Regardless of how these attitudes have developed, leaders must be aware of their feelings.

A leader who is accepting his or her own personal limitations will greatly help the disabled child to accept his own strengths and limitations. Accepting attitudes may be shown by treating all children as equally as possible, encouraging all children to be independent, and stressing and developing the abilities of all children.

Questions to Consider

Among your recreation staff,

1. How do staff members feel about the disabled?

2. Do staff members have an accurate understanding of disabilities, integration and normalization?

3. Do they support integration and normalization?

4. How do staff members interact with the disabled people?

The recreation staff's attitudes are:

6. **Attitudes of other recreation staff, recreation board members and policy-makers:**

Other recreation staff may consist of recreation directors, recreation planners and the recreation board. All of these individuals will have some influence on the program.

Remember, the needs of the disabled must be considered when:

- planning a facility or site
- maintaining a facility
- programming
- developing the budget
- training staff
- developing policies.

Many policy-makers and staff members will become involved in planning, implementing and maintaining the integrated programs and facilities. The attitudes of all of these people will be important.

Questions to Consider

About your administration:

1. How does the *recreation department* view the disabled? Integration?

2. How do individuals within the recreation department perceive the disabled and integration?

3. Have provisions been made for the disabled?

4. Will provision be made in the future?

The attitudes of the recreation administration seem to be:

7. **Attitudes in the community:**

The community is comprised of many individuals.

Community residents are also taxpayers and can have some impact on whether recreation programs for the disabled are offered, which facilities are built, and to what extent the disabled will be accepted in the community.

Questions to Consider

Generally, in your community:

1. How are disabled people accepted by the community?

2. What services are available to people with disabilities?

3. Where do they live...in homes, group homes or institutions?

4. Do people understand integration and normalization?

5. Has integration been attempted in the community before?

6. What were the results?

Community attitudes toward the disabled are generally:

Summary

Generally, what are the attitudes toward the disabled among the various groups we've discussed?

Which groups are in favour of integration?

Which groups are opposed to integration?

Additional Comments

General notes about the community

Your community has many qualities. To summarize some of them:

1. General comments

2. Strengths of the community

3. Limitations

4. Integrated programs (comment on existing programs or possibilities of developing new programs).

What will be the implications of integration in the community?

C. The Participants

Participants in an integrated program consist of both the disabled and non-disabled children. When planning a program it is essential to plan one that best suits the abilities, needs and interests of *both groups* of children. Plan *with* the children.

The participants include:

1. Disabled children of a certain age range.
2. Non-disabled children of the same age range

We need to know and plan for both types of children.

Inspector's Notes

A recreation co-ordinator is responsible for providing the best program possible to fill the needs of the community. Remember though, the co-ordinator does not have to change the attitudes of all the citizens within that community.
Try to develop a program based on the resources and support you have in the community. Know where to find these support groups. And don't try to create a program single-handedly.
A recreation co-ordinator cannot be expected to know everything about human development, disabilities, integration, and so on. An effective co-ordinator should not be hesitant to use available resources to provide a better program.

By providing the best program possible for the disabled, a big step will have been taken toward allowing disabled people to be increasingly accepted within the community.

The disabled participants

Are there any disabled children in the community?

If so...

— Who are they?

— What needs do they have?

— What interests do they have?

The disabled children - who are they?

Where do I find the disabled?

How many disabled children are there in the community?

What disabilities do they have?

Locating the disabled in your community may be done in several ways. Names of and information about the disabled are often confidential. Assistance, however, may be obtained by contacting the:

a. group home or institution in your community,
b. local association for the disabled,
c. recreation department,
d. health unit (nurses, doctors, physiotherapists),
e. social services,
f. schools which disabled children may attend,
g. service clubs which raise money for the disabled,
h. residents of the community,
i. census material for the community.

*Record the numbers of disabled children in your community on the following chart:**

Disability	**Children**
Mentally Disabled	_____
...Educable	_____
...Trainable	_____
...Neither Educable nor Trainable	_____
Learning Disabled	_____
...Neurologically Impaired	_____
...Perceptually Impaired	_____
...Communication Handicapped	_____
Orthopedically Handicapped	_____
Visually Handicapped	_____
Auditorily Handicapped	_____
Emotionally Disturbed	_____
Socially Maladjusted	_____
Chronically Ill	_____
Other	_____

* Adapted from Jacquelyn Stanley, Director, Office on Community Recreation for Handicapped Persons, *A Systematic Approach to Developing and Implementing Community Recreation Services for the Disabled*, Trenton, NJ, 1980.

Their needs and interests:

People who have disabilities are unique; they have individual needs and interests. All disabled children should not automatically be placed in the same program, because what one disabled child likes or needs to do, another disabled child may not.

Inspector's Notes

Maybe...

The needs and interests of every disabled child must be determined. We must plan for individuals, *not* disabilities.

What information do we need to know about the disabled child?

— social, physical and mental skills of the child,

— interests and hobbies of the child,

— health-related information,

— attitudes that the child has toward integration,

— personality characteristics of the child.

How do I find out this information?

— observe the child,

— interact with the child,

— obtain information on recreation registration forms,

— talk with parents or guardians,

— look at past recreational program evaluations,

— talk with those who know the child, such as recreation leaders, teachers, health care professionals.

The skills checklists (Appendices II and III) and sample interest survey (Appendix IV), at the end of this workbook, will help you in your assessment of each child.

The non-disabled participants

An integrated recreational program is planned for all the participants in the program. Non-disabled children also have needs, interests and abilities. These must be determined to plan a quality program for all participants.

Who are the non-disabled children?

They are children within the community who are approximately the same age as the disabled children and who possess similar interests to those of the disabled.

How are they located?

Children who may be interested in attending the program may be contacted through:

- schools
- the recreation department,
- youth groups and clubs,
- the media.

What information should be obtained that would be useful in planning the program?

- abilities of the children (age characteristics),
- interests and hobbies,
- health-related information,
- attitudes that the child has toward integration,
- personality characteristics.

You can find the information by:

- talking and interacting with the children,
- observing the children,
- talking with past recreation staff,
- talking with parents/guardians,
- obtaining information on registration forms,
- examining past recreation program evaluations,
- talking with those who know the children.

SUMMARY

Let's look at what information you have collected

What can the participants do?

What are their ages?

What are their skills?

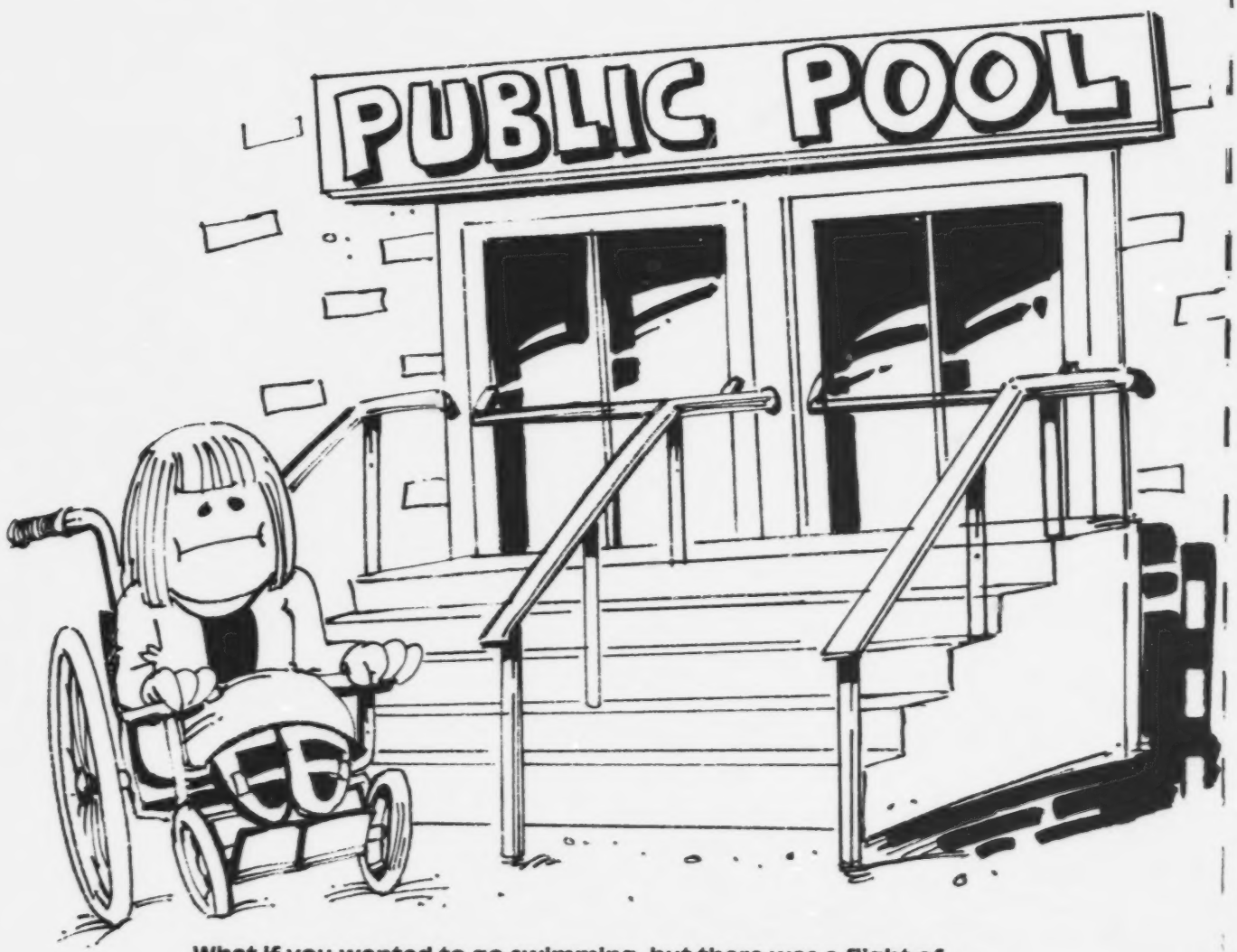
What programs or activities would the participants like to do?

When should the program be offered?

What is needed to allow the participants to be provided for, or to participate, in those activities?

D. The Facilities

Not every site or facility is designed to allow disabled people to get into it or move around in it.



What if you wanted to go swimming, but there was a flight of stairs at the entrance. Would that be a problem?

Not for some, but what if you were in a wheelchair?

When recreational programs are said to be available and open to all, are they really? Are they physically accessible?

It's something to consider.

How do you know if a building is physically accessible...does it look different from the rest?

Accessible buildings are those that are designed in such a manner as to allow for the disabled to enter and move about the facility independently. They may have, among other things: ramps, elevators, wider doorways, and washrooms designed to accommodate wheelchairs.

A facility or site must not be changed in such a way that it drastically changes its appearance.

Which disabilities should I be concerned about?

In planning accessible facilities, two main types of disabilities are to be considered. Plan for people who are:

1. ambulant or semi-ambulant (including those with crutches or walking sticks, those who are blind or deaf, and individuals with cardiac conditions);

2. paraplegic, ampute and hemiplegic (all of whom are disabled in the upper and/or lower extremities to an extent which confines them to wheelchairs).

Be aware of the types of disabilities people may have in your community and ensure that the recreation facility is suitable for their use.

How do I actually determine if a site or facility is accessible?

Take some time and grab a measuring tape or a wheelchair. Let's find out.

List all the facilities or sites to be used for the integrated recreational programs.

1.

2.

3.

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20.

Examine these sites and facilities more closely. They may be divided into categories:

1. indoor facilities,

2. outside site/playground,

3. campsites,

4. swimming pools.

While examining, remember which disabilities the children in your community have. Be sure to determine accessibility to people in wheelchairs, as this is often a very significant barrier.

1. **Indoor Facilities:**

To determine if a facility is accessible, examine the following guidelines (Building Code of Canada, 1975; Alberta Culture Facility Development, 1980).

A facility should allow a disabled person to be as independent as possible.

a. *Entrance*

At least one entrance should be made accessible, preferably the entrance that non-disabled participants use.

The entrance should be level to the ground or accompanied by a ramp.

i. *Ramps*

- Ramps should ideally rise 1 foot for every 12 feet in length, and must not rise more steeply than 1 foot for every 7 feet in length.
- There should be a level area of 5-by-5 feet at the bottom of the ramp.
- Ramps which rise 1 foot for every 12 feet in length must have 1 handrail and, if steeper, 2 handrails.
- If ramp turns, there should be a landing at the turn.

ii. *Stairs*

- Stairs reduce independence for the disabled.
- Stairs must not have a nosing or open risers.
- Stairs must be at least 4 feet wide and rise no higher than 4 feet without a landing. The risers should be 5 inches to 7 inches and treads should be 11 inches - 17 inches 1 foot.
- The top tread should be marked.
- Stairs should be of non-slip material.

Outside ramps and stairs should be protected from snow and ice and have sufficient lighting.

b. *Entrance Door*

- The entrance door must be 2 feet 6 inches in width when open.
- An automatic door allows the disabled child the greatest amount of independence.
- The door handle must be at a level that a person in a wheelchair can reach.

c. *Building*

- The width of the steps should be consistent on staircases throughout the building.

- The facility should be on one level or have an elevator for access to other floors.

- The elevator door must be at least 26 inches wide.

d. *Restrooms*

- Restrooms should be on one level or have a ramp.

- At least one stall should be designed to accommodate a wheelchair.

- Accessible stalls should be 4 feet 6 inches in width and 5 feet in depth. The doorway must be at least 2 feet 8 inches in width and swing outward. There must be a distance of 1 foot 6 inches between the toilet and wall on one side, and 3 feet on the other side.

- A grab-bar, with a diameter of not less than 1 inch and not greater than 1.25 inches, should be located on the wall.

- Sinks should allow a wheelchair to fit beneath them and be constructed at a level so that people in wheelchairs can use them.

c. *Fountains*

- The fountain must allow clearance for a wheelchair.

- Its control should be operable by hand without the need for grasping, pinching, twisting, or hand-pressing of a small button.

- The spout should be between 29.5 inches and 35.5 inches above the floor.

f. *Telephones*

- Handset or dial phones should be no more than 48 inches from the floor.

- The telephone directory shelf should be no less than 30 inches from the floor.

See the Architectural Barriers Survey, Appendix V, for help in assessing how accessible the facilities to be used for an integrated program are.

2. **Outside site/playground:**

- play areas should be on level ground so that children in wheelchairs can participate.

- sand or water play boxes should be set on raised tables high enough for wheelchair-bound children to reach the edges of the boxes.

- two parallel rails painted in bright colors can serve as a practice walker.

- facilities for crawling through tubes and tunnels are good for both the disabled and able-bodied children.

- shuffleboard, adjustable-height basketball hoops, and permanent tables and stools offer children a variety of options for play.

- swings, which have front guard rails, are fun for all children; climbing equipment, too, may be suitable for children with certain disabilities. Avoid establishing "handicapped playgrounds".

- shade should be plentiful.

- there should be space between the pieces of play equipment.

Washrooms:

- are they level with the ground?
- do they have handrails?
- do they have raised toilet seats?
- is at least one stall large enough for a wheelchair?
- are sinks designed at a height for wheelchairs?

Fountain:

- is it low enough for someone in a wheelchair?

3. **Campsites:**

- are they on hard, level terrain in the woods?

- are shelters built level with the ground?

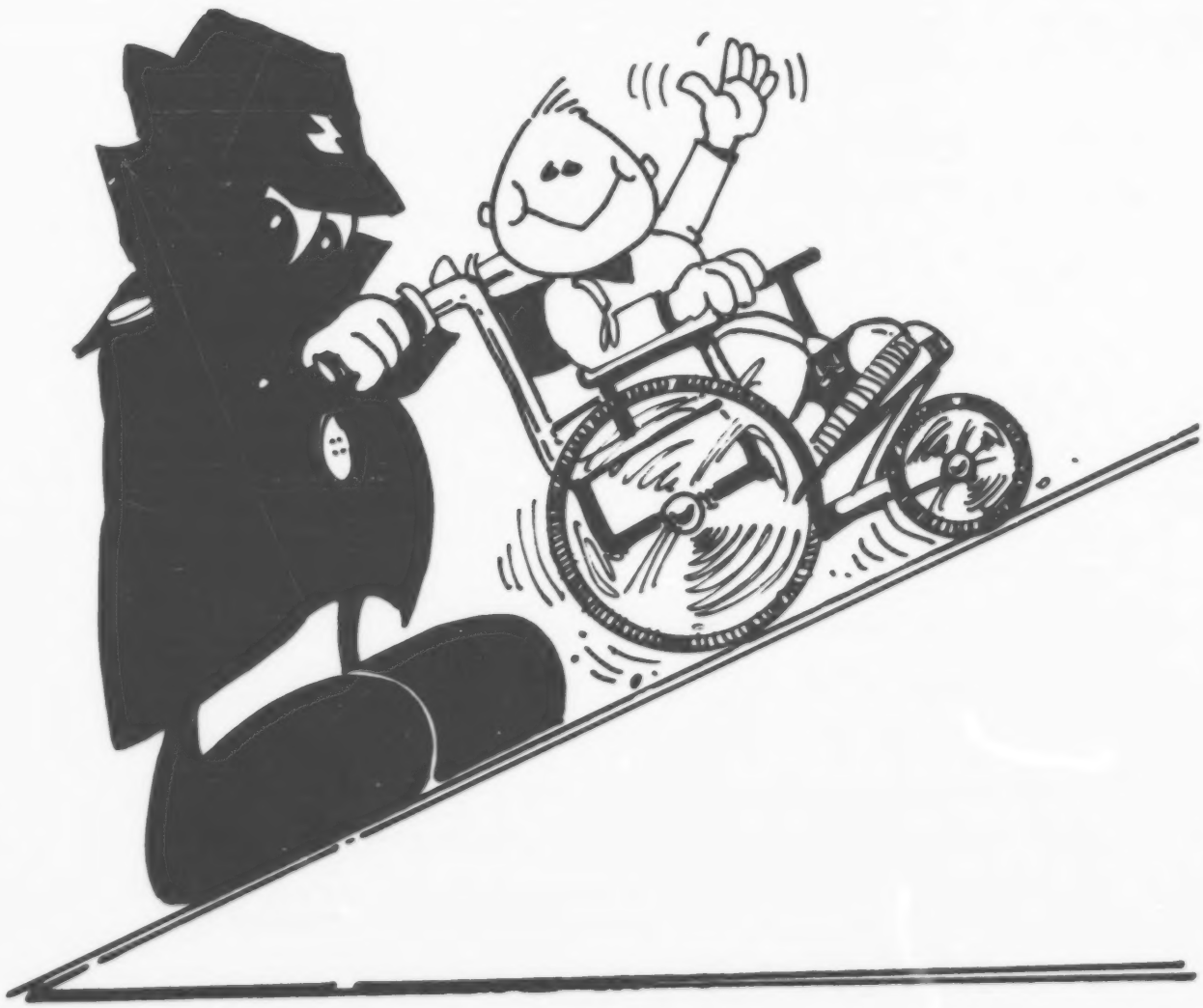
- are water and toilet facilities constructed to accommodate the needs of the disabled?

- are cooking facilities at a level at which they can be used by people in wheelchairs?

4. **Swimming pools:**

- is there a railed ramp into the pool with a grade of not more than 5 per cent?
- does it have a non-slip surface?
- are warning signals provided for blind and deaf people (bell and flag)?

Making facilities and sites accessible can greatly increase opportunities for the disabled and the entire community.



SUMMARY

1. Which buildings or sites are presently accessible to the disabled?

2. Which buildings or sites could be accessible to the disabled with minor modifications?

building/site	**changes required**

3. Which buildings or sites are inaccessible at the present time and should be avoided for recreation programming?

E. Potential For Integration

Plan for the degree of integration that best suits your community.

Remember:

- integrate the disabled as individuals, not large groups;
- the degree of integration may vary from activity to activity;
- integrate realistically, based on the capabilities of the disabled and the community.

Review:

- the model on the following page.
- do you know where you are or want to be?

Questions

1. Where is integration "at" in your community at the present moment?

2. What is realistic for the future?

3. When should integration occur?

   ☐ In all activities that the disabled wish to and are able to participate in

   ☐ In certain activities where facilities and programs allow for participation

   ☐ Never

4. Who should provide recreational programs for the disabled?

   ☐ Recreation department

   ☐ Recreation department assisted by association

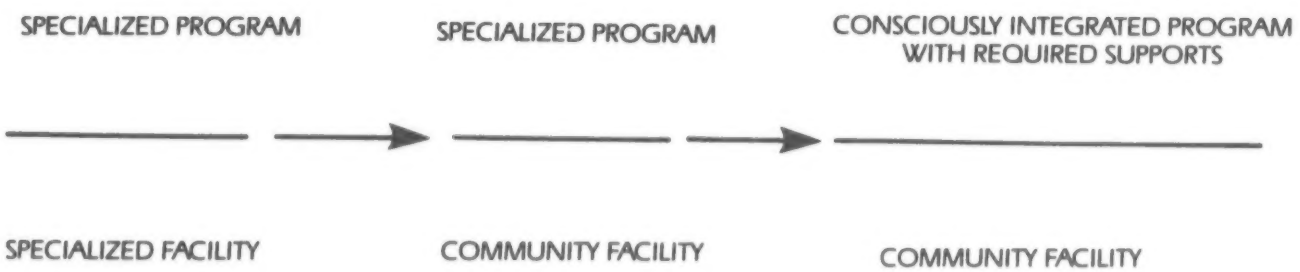
   ☐ Association assisted by recreation department

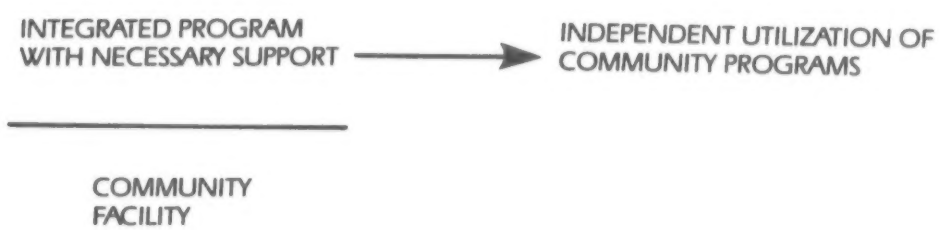
   ☐ Other

   ☐ No one

5. What changes or additions must be made before you can proceed toward an "ideal" degree of integration?

SERVICE CONTINUUM FOR RECREATION





(Arsenault, D. and Wall, A., 1979)

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3. PROGRAM PLAN

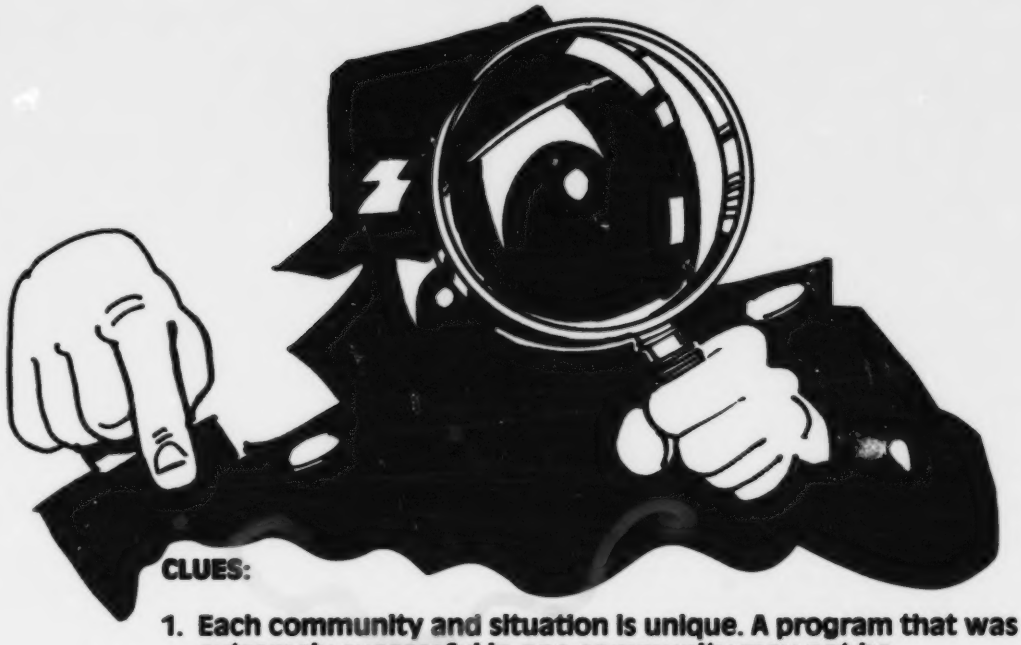
Why Plan?

Successful recreational programs do not just happen. They must be carefully planned. Proper planning ensures that resources are obtained, effective leaders are hired, innovative activities are offered and much more. Planning is essential for an integrated program, as it is with *any* recreational program. Taking time to plan now eliminates or reduces many problems in the future.

Planning involves:

1. setting a purpose,
2. setting goals,
3. setting objectives,
4. obtaining resources,
5. orientating the community,
6. planning the program.

How does planning an integrated program differ from planning any other recreational program?



CLUES:

1. **Each community and situation is unique. A program that was extremely successful in one community may not be successful in all communities. Be aware of the needs in your community.**

2. **Think positively. Programs that include the disabled do not differ greatly from other recreational programs. As a co-ordinator, you do not require many new skills.**

3. **Be resourceful. Don't be afraid to ask for help to deal more effectively with your community.**

4. **Be creative. Do not be afraid to try something new.**

5. **Focus on providing *recreational* programs. Benefits will be derived from the recreational component as long as the children are enjoying themselves.**

Whatever program is being planned, ensure that it is based upon:

1. needs and interests of the participants,

2. capabilities of the staff,

3. needs and resources of the community.

To summarize the information that you have collected, fill in the following chart:

SUMMARY

1. Who are the disabled children in my community?
   - number of children:
   - ages:
   - disabilities:

2. The children would like what programs or activities?

3. The children are able to participate in which programs or activities?

4. Which facilities are accessible to the disabled?

5. How much integration should take place?

Based on the summary...the recreational program in which I'm planning to include the disabled in my community is

_____

_____

_____ .

A. The Purpose, Goals and Objectives

Step 1: Develop A Purpose

A program must have a reason for being offered. A program should not exist simply because it seemed to be a good idea or because it has been offered in previous years. A purpose gives justification for a program's existence and arises from your philosophy.

Why is the particular program which I'm planning being offered?

What is the purpose of the program?

THE PURPOSE OF THE PROGRAM IS:

Step 2: Establish Goals

Goals are developed from the philosophy and purpose. They are global statements that describe what a program is trying to achieve. They do *not* describe how this state is to be achieved, but rather describe an ideal state or condition. Examples of goals may be:

- to promote fun during the summer months,
- to provide all children with various types of recreational experiences,
- to provide children with opportunities to discover or develop skills and abilities,
- to increase self-confidence and independence,
- to provide opportunity for new experiences and adventure,
- to encourage children to become aware of individual differences,
- to provide opportunities for creative expression.

What are the goals of your program? Note: Make sure that they are realistic.

THE GOALS OF THE PROGRAM ARE:

Step 3: Establish Objectives

Objectives must be consistent with the overall philosophy of the program. They are developed from goals by breaking each goal into specific logical steps, and describing in detail and in measurable terms *how* a goal is to be achieved.

A program can be evaluated by determining whether or not its objectives are being met.

Here's an example of developing objectives from a goal:

Goal

To promote fun during the summer months.

Objectives

To provide a summer playground program operating for all children, Monday to Friday.

To provide a variety of activities.

To provide opportunities so that *every* child in the program has the opportunity to succeed in at least one activity.

To provide at least two activities a week that do not require extensive skills.

To promote a co-operative atmosphere between the leaders and children.

To provide at least one special event and field trip a week.

During activities, children should exhibit behaviour that demonstrates that they are having fun (e.g. laughing, smiling).

WHAT ARE THE OBJECTIVES OF *YOUR* PROGRAM?

B. Resources

Step 4: Obtain Resources

Resources consist of all the components required to plan for and operate the program. They include funding, staffing, supplies, materials, facilities and more. An efficient co-ordinator should plan to ensure that sufficient resources are obtained before the beginning of the program. If all the resources are obtained, effort can be directed to the actual operation of the program. Sources of resources are varied.

What exactly do I need? Where should I begin?

CLUE:

Most of the resources you need are right within *your* community. Be innovative. Use businesses and individuals within your community — it will make them more aware of your program and of the disabled.

Resources may be divided into:

a) staffing (paid staff and volunteers),
b) supplies/materials,
c) transportation,
d) facilities/sites,
e) support interest groups,
f) staff development,
g) advertising,
h) funding.

Resources must be explored further!*

* Material on resources has been taken from, and additions made to: Jacquelyn Stanley, Director, Office on Community Recreation for Handicapped Persons. *A Systematic Approach to Developing and Implementing Community Recreation Services for the Disabled,* Trenton, NJ, 1980.

a) **Staffing**

Staffing includes both the paid and volunteer personnel required to plan and implement the recreational program. Determining the exact number of staff is not always easy. Here, however, are some guidelines for you to follow.

Staff/participant ratio will depend on a number of factors, including:

- age of participant
- skills level of the participant
- skills of staff
- participant's prior experience in the recreational program
- severity of the participant's disability
- type of activity being offered
- where the activity is being offered (indoors or outdoors)
- personality of the child
- total number of disabled children
- extra medical problems
- presence of more than one type of disability

There are no established standards for the staff/participant ratio; however, some specialists suggest the following as a guide.

Note: These standards should be used only as a guideline. Every child is unique and thus must be treated as such. Do not focus solely on the disability, but consider the needs of the child as well.

Generally,

1. Those children who are mildly disabled and are able to perform activities independently when the activities are adapted to them do not require a staff/participant ratio different from that for the non-disabled children.

2. Children who are moderately disabled, emotionally, physically, or mentally, and who can independently perform some activities but require assistance to complete other tasks, should be placed in about a one-to-four staff/participant ratio.

3. Children who are more severely disabled,emotionally, physically or mentally, and/or who require assistance to be mobile and complete most or all tasks, may require approximately a one-to-two staff/ child ratio.

Remember:

— Do not assume the child needs help, ask him.

— Independence is very important to most children — allow them to be as independent as possible.

— Get to know the children before deciding on the number of staff required. Rather than getting more staff...maybe the activity needs to be changed or modified.

Inspector's Notes

It still seems to be important to get to know the needs of the individual children. Generally, the more severely disabled a child may be, the more staff assistance will be needed.

Based on the needs of the children and guidelines for staff/child ratio,

how many staff are required?

	Staff required
1. Number of non-disabled children in program: (actual or anticipated number) _____	_____
2. Number of disabled children in program:	
mildly disabled _____	
moderately disabled _____	
severely disabled _____	_____
3. Total Number of Staff Required	_____

Details about staff. Take some time to define exactly what the duties of the staff should be.

Staff Titles	Description of Duties

What qualifications should the staff have?

Some considerations for the program staff may be:

_____ holding or working on a degree in recreation (major, if possible, in special populations);
_____ holding or working on diploma in recreation;
_____ holding or working on a degree/diploma in a related field of study (physical education, education, special education);
_____ having work/volunteer experience in recreation/leadership;
_____ having work/volunteer experience with the disabled;
_____ having expressed interest, desire and enthusiasm for working in recreation with the disabled;
_____ having positive attitude towards the disabled;
_____ other.

Some qualifications for volunteers:

_____ practical or theoretical training in recreation for the disabled;
_____ practical or theoretical training in recreation;
_____ expressed interest, desire and enthusiasm for working in recreation with the disabled;
_____ positive attitude towards the disabled;
_____ other.

Where do I obtain volunteers and staff from?

Staff

_____ university/college graduates or undergraduates in related courses
_____ high school students
_____ teachers on vacation
_____ youth agencies
_____ other

Volunteers

_____ schools
_____ youth groups
_____ teachers
_____ service groups
_____ retired individuals
_____ interested people in the community
_____ other

b) **Supplies/materials**

Supplies and materials include all the items you need to operate the recreational program.

Take some time to list all the materials and supplies that you will require!

Needs	For

Methods of obtaining supplies/materials

_____ from the program budget
_____ from donations of money
_____ from donations of goods/services
_____ by scrounging

Sources which might be approached for donations

_____ local stores
_____ restaurants
_____ businesses
_____ service clubs
_____ schools

List in detail potential sources

c) **Transportation**

It may be necessary to find a method of transporting the children to and from the program and on program-related trips. As some disabled children may be in wheelchairs, a vehicle that allows for wheelchairs may be necessary.

Will you need any transportation resources?

Needs	For

Sources may consist of the following. Which sources are of help to you?

_____ recreation department vehicles
_____ school bus/van
_____ voluntary agency vehicles
_____ public transportation for the disabled
_____ public transportation
_____ parent car pools
_____ other

d) **Facilities**

Among your resources will be those areas or buildings in which you operate the recreational activities. Ensure that the disabled can get into and around the facility.

What facilities or sites will be used for your program?

Need	For

Some of the sources may be the following. Which will you use?

_____ recreation centres
_____ parks and playgrounds
_____ school facilities
_____ libraries
_____ youth-serving agencies
_____ churches, etc.
_____ provincial/national parks
_____ private/commercial facilities
_____ swimming pools
_____ arenas
_____ rollerskating rinks
_____ other

e) Support interest groups

Support groups may help provide the indirect assitance you need in planning and operating the program. Their help may be needed to locate the disabled, to assess their needs, to promote the program, to educate the public, or to obtain funding, supplies, transportation or other resources. Support groups may also provide expertise to the co-ordinator in planning and implementing the program.

Who are the support groups in your community? Can they be of help?

Need (agency, person to contact, phone number)	For (purpose)

Here are some sources. Which ones are of help to you?

Sources

_____ recreation department/board
_____ town council
_____ government departments/agencies
_____ social services
_____ health agencies
_____ voluntary agencies, (e.g., local associations for the disabled)
_____ youth-serving agencies
_____ service groups

f) **Staff development**

Staff development resources will include information available to assist the co-ordinator in planning and implementing the program, training staff, and educating the community. For additional information, refer to the resource section of this workbook. (Appendix VI)

What staff development resources are required in your community?

Need	For

Sources

_____ memberships in professional organizations
_____ subscriptions to pertinent magazines, journals, etc.
_____ texts, research materials, etc.
_____ administrative/supervisory
_____ programming
_____ brochures, pamphlets, etc. regarding specific handicapping conditions
_____ catalogues for ordering adapted games, equipment and aids

Contacts

_____ library
_____ recreation department
_____ local association for the disabled
_____ provincial associations for the disabled
_____ social services
_____ health unit
_____ services for the handicapped
_____ colleges/universities

g) **Advertising**

Plan carefully to ensure that initial and ongoing advertising will be effective. You can advertise, not only to obtain staff and participants, but also to publicize the program over time.

Advertising can be used for a variety of reasons. Some of the reasons are to:

_____ obtain staff/volunteers
_____ obtain participants
_____ develop a better working relationship between health, social services and recreation agencies
_____ obtain donations
_____ promote public awareness of the disabled
_____ tell the community about its recreational opportunities

---

What are your needs?

Needs	For

Sources of advertising

_____ newspaper (local)
_____ radio
_____ television
_____ newsletters
_____ flyers or presentations at schools
_____ flyers or presentations at local health and social services agencies
_____ word of mouth
_____ article in recreation newsletter
_____ presentations at local association for the disabled and service clubs
_____ posters around town
_____ flyers in the mail

A successful and effective program can often be your best advertisement.

h) **Funding**

Assess funding needs. If there is more than one program, assess each program separately.

Program description	**Details of program needs**	**$**
	a. staffing	
	b. supplies/materials	
	c. transportation	
	d. facility	
	e. support interest group	
	f. staff development	
	g. advertising	
	h. other	
		$ _____ **Total Amount Required**

Sources	Details
_____ recreation department budget	
_____ grants	
_____ fees and charges	
_____ gifts/donations (list)	
_____ fund-raising	
_____ co-operative agreement with school	
_____ co-operative agreement with another agency	
_____ other (specify)	

$ _____
Total Amount from sources

Funding requirements – (subtracted by) actual budget = _____?_____

_____ – _____ = _____.

— *Are all the funding needs being met?*

— *Is it necessary to change the other resource needs to work within financial constraints?*

SUMMARY OF YOUR PROGRAM

Name:

Time:

Location:

Ages of Participants:

Description of Program
(purpose, goals, and objectives, activities)

C. Orientation Of Leaders, Participants, Community

Step 5: Orientation

Who needs preparation for integration?

The answer is EVERYONE!

You will need to orient the:

- **disabled**
- **non-disabled staff/volunteers**
- **recreation professionals and staff**
- **politicians**
- **parents**
- **general community**
- **and so on...**

Staff

Why should we train staff? Some of the reasons are:

- to ensure staff members have an understanding and acceptance of integration
- to prepare staff for future situations
- to ensure staff understand that each child is an individual
- to ensure the needs of both the disabled and non-disabled children will be met
- to make staff more comfortable with the program
- to break down attitudinal barriers about the disabled.

How should we train staff? Training should include:

1. a general orientation to recreation;
2. a general overview of integration and normalization;
3. discussion of their attitudes toward working with the disabled — try to allow staff to "assume" a disability or disabilities to help them determine if they have positive attitudes toward the disabled;
4. sessions on how to develop recreation activity skills in the children (arts and crafts, drama, games, etc.);
5. discussion of the disabilities of the children in the program;
6. demonstrations of equipment and aids used by disabled people, and of "lifts and transfers";
7. first aid sessions;
8. leadership and motivation sessions.

CLUE:

- make the training as practical as possible;
- Have training sessions at the beginning of the program and regular in-service sessions throughout the program.
- Do not focus on the *disability* of the child. Training for integrated programs should not differ greatly from training for regular recreational programs.

How do I prepare everyone else?

CLUE:

There is no one method of orientating the rest of the community. Be creative. Plan the approaches that best suit your community.

Suggestions For Orientating The Community Are:

1. Publicize the program at the start and throughout its operation. Emphasize the successes of the program.

2. Involve as many people as possible in the planning of the program. Do not forget the disabled themselves.

3. Invite the community to programs where disabled people are participating.

4. Set up an educational campaign to create greater awareness, understanding, and acceptance of the disabled. This may be done by:

   - setting up and manning booths at shopping malls

   - inviting speakers to or making presentations at the program

   - arranging speaker/slide presentations for service clubs, schools, local businesses or groups

5. Prepare workshops and make literature available to educate individuals about recreation and special populations. Workshops may be geared to recreation staff, the disabled, the non-disabled, parents or other groups.

6. Employ disabled persons as educators.

7. Offer a variety of integration activities and programs.

8. Plan an "awareness day" to help dispel myths about the disabled. You might arrange for films, slides, speakers, activities in which non-disabled individuals "assume" disabilities, and so on.

9. Inform citizens of integrated recreational opportunities through your recreation newsletter.

10. Establish a regional committee on recreation and special populations. Committee members could be general recreation practitioners, practitioners with knowledge of special populations, people with disabilities, and members of the general community.

Inspector's Notes

There seems to be no one correct way of preparing a community for integration. Some program co-ordinators may choose not to prepare the community a great deal for integration — they prefer to just let it happen. Others spend a great deal of time on orientation. In any case, a program co-ordinator must have good reasons for selecting the orientation activities which he or she decides on. His or her decision must be based on many factors.

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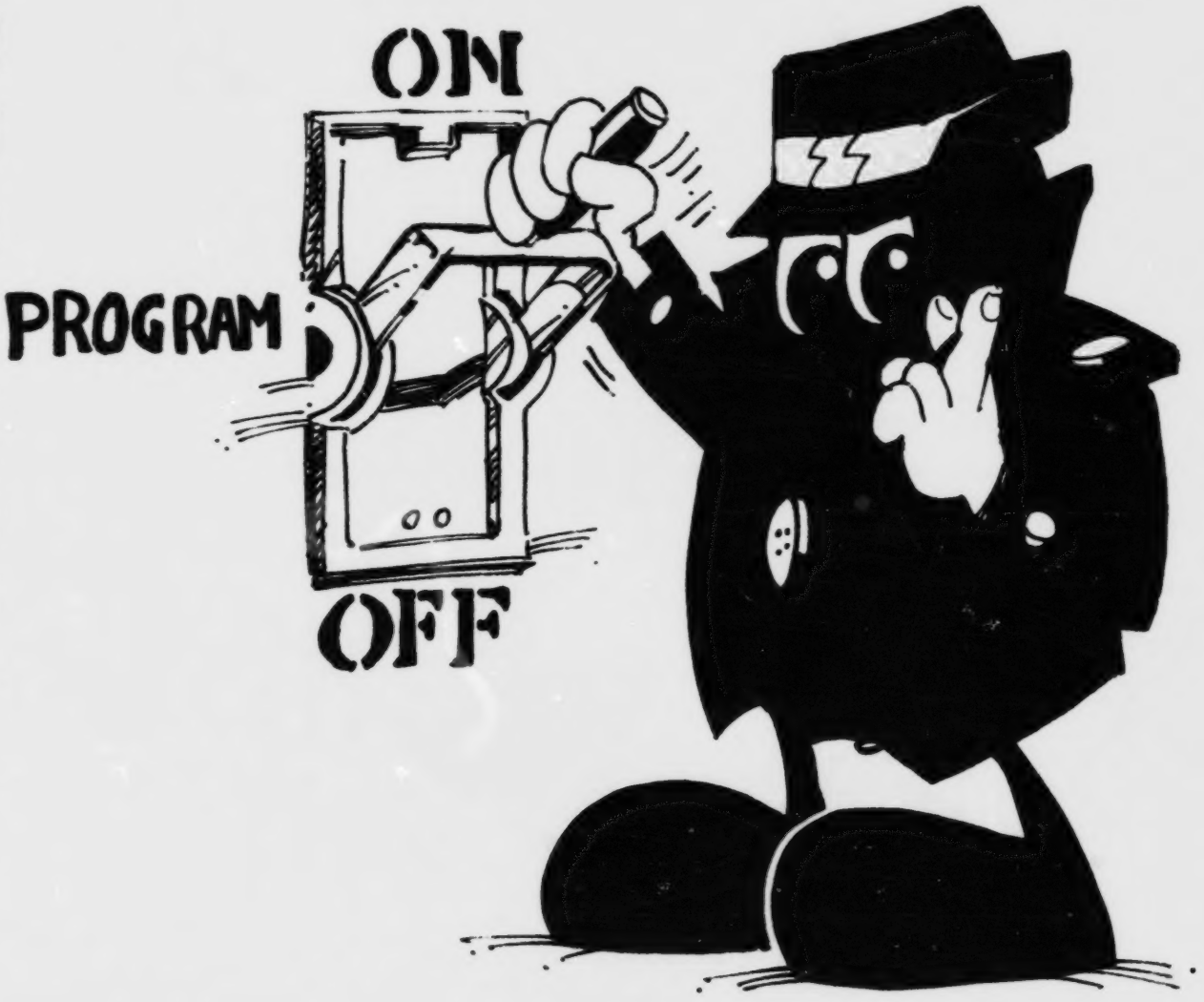
4. PROGRAM IMPLEMENTATION

A. Social Integration

Now you are ready to operate your program.

- Your program has been planned according to the needs of the community.
- The disabled have been located and assessed.
- Integration has been planned for.
- Staff members have been trained.
- Orientation of the community is finished.

EVERYTHING SHOULD BE READY.



What if...

A disabled person comes to the program but does not have the necessary skills to participate?

Or what if the children do not all want to play together?

WAIT...

Your job is not finished!

The fact that provisions have been made to allow for the disabled to attend your program may not be enough.

Integration has two components

Physical Integration (Hutchison and Lord, 1979)

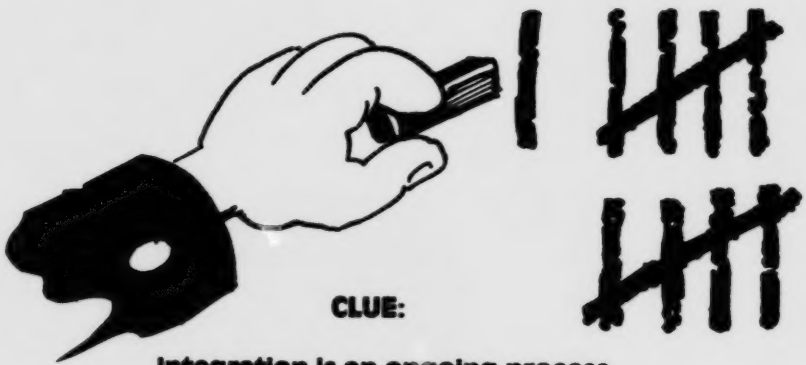
A physically integrated situation is one in which a small group of disabled individuals is physically located in a setting where there is potential for social integration. Some programs are totally integrated, others are partially integrated. Segregated programs for the disabled, which take place at the same time and in the same facility as programs for the non-disabled, may also offer potential for social integration.

and

Social Integration

In a socially integrated situation, the disabled are *feeling* accepted and *being* accepted by others.

Both components of integration must be considered if integration is to be successful.



CLUE:

Integration is an ongoing process.

Inspector's Notes

It does not seem to be enough just to *allow* disabled children to *attend* a program. There's more to it than that. Will the disabled children be accepted? Will there be sharing and caring between the disabled and the non-disabled children? We'll no doubt be more successful at integration if we first allow for the integration process to occur, and then work toward social integration on an ongoing basis. I guess that our job to plan and operate an integrated program is not complete. What do I do now? This will require some thought!

Whether or not the disabled view themselves as being accepted, and whether or not others accept the disabled, depend on many factors. If your first attempt at integrating a disabled person is not successful, it doesn't necessarily mean that this disabled person should not take part in integrated activities. Perhaps a different approach is necessary.

Factors that influence social integration are:

a. the program - its level of integration,
   - its activities,

b. the staff,

c. the physical skills of the disabled,

d. the social skills of the disabled,

e. the attitudes of the community,

f. the non-disabled participants,

g. parents.

To help you determine how successful your program is in socially integrating the disabled and non-disabled children, answer yes or no to the following questions.

Are the disabled children feeling accepted?
(Adapted from "Co-operating For Change", Wehman, 1979)

_____ Do the disabled children participate with the non-disabled children independently (without being instructed to)?

_____ Do the disabled children have the necessary physical skills to participate in the program?

_____ Do the disabled children have the necessary social skills to participate?

_____ Are the disabled children motivated to be integrated?

_____ Are the disabled children of the same age as the other participants?

_____ Are activities appropriate for the skills and age of the participants?

_____ Are a few disabled children being integrated into the program at one time, rather than a large group?

_____ Is the level of integration appropriate?

_____ Do staff treat the disabled children in the same ways as the other participants?

_____ Are the disabled participants referred to with respect, by name and not by their disability?

_____ Are disabled participants actively encouraged to dress and behave in a manner that is appropriate to their age and consistent with the expectations of their non-disabled peers?

_____ Do the disabled children generally try to be as independent as possible, but know when to ask for help?

_____ Are disabled participants aware of their strengths, as well as their limitations?

_____ Are the disabled children willing to try the new experiences and challenges which they may encounter in the program?

Are the other children and the staff accepting the disabled?
("Co-operating for Change", Wehman, 1979)

_____ Do the non-disabled peers interact with the disabled independently (without being encouraged to)?

_____ Do the non-disabled participants and staff treat the disabled child with the same respect that they would any other child?

_____ Do staff members encourage independence in all children?

_____ Do staff members take care not to speak about disabled participants in their presence as if they could neither hear nor understand?

_____ Do non-disabled participants and staff have an accurate understanding of, and display acceptance of, the disabled?

_____ Are the program's activities appropriate for all the children?

_____ Does the general community have an accurate understanding of people with disabilities? Are residents aware of the disabled within the community?

The effectiveness of your program likely corresponds to the number of "yes" responses you were able to record. Go back and re-read the questions to which you responded "no". Can you think of any method or methods of dealing with these problems?

Some methods of improving social integration are described as follows. This is not an exhaustive list — perhaps you may think of others. The method you use, however, must be applicable to *your* community and *your* situation.

Methods of Improving Social Integration

1. Talk to all of the children about how people are very much the same, despite their individual differences. You might show a film, invite a speaker (such as a parent, a disabled individual, a representative of an association for the disabled, or a health professional) or read a story.

2. Have an Awareness Day during your program. Allow children to assume different disabilities (see Appendix I).

3. If a problem arises in a program, talk to the children involved individually. Do not deny their feelings, but help them become aware of the fact that everyone is an individual.

4. Staff should try to treat all children in the same ways. Special attention should not be given to the disabled children.

5. Whenever sharing and caring for one another is shown by the children, reinforce that behaviour.

6. Staff must develop and display positive attitudes toward all the children. The children will learn more by action than words.

7. If a disabled child is not able to perform certain activities within the program, obtain a staff person or volunteer to help that child. Adaptations may also be made — this will be discussed later.

8. Plan for and with integration. Integrate only when appropriate. As the integration process continues, revise your program to meet changing needs.

9. Do not force integration on the disabled or non-disabled participants. Social exchange will occur when everyone is ready.

10. Develop an enjoyable program for all children.

List some of your own ideas:

1.

2.

3.

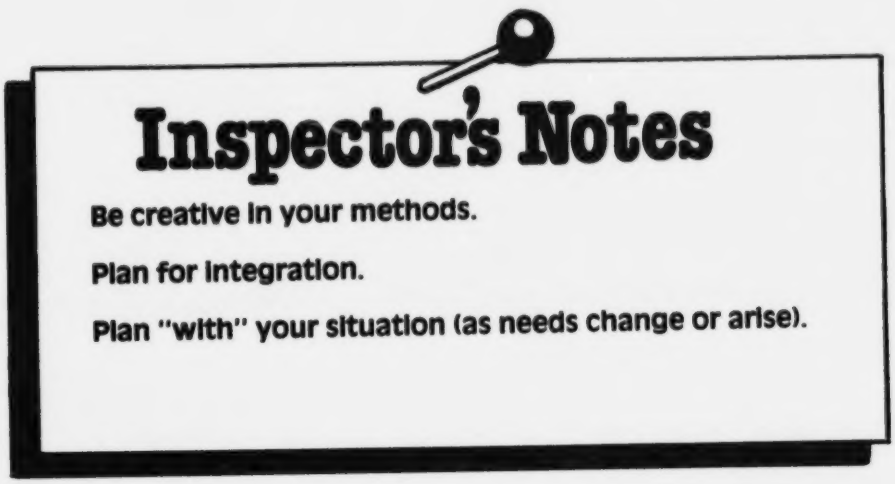
4.

5.

6.

7.

8.



B. Adaptations

What Are Adaptations?

Unfortunately, because of the type or extent of the disability, and/or the challenge a certain activity represents, it may be difficult for a child to actively participate at all times with his peers. Adaptations are changes which are made to allow all children to participate as independently as possible and to the best of their abilities. Adaptations may focus on the:

a) program,

b) skill level/activity,

c) equipment/material,

d) instruction/leadership style.

When should adaptations be used?

1. When they are necessary to ensure that the disabled children are socially integrated with and accepted by the other children;

2. When the disabled child is unable to perform a particular task and thus becomes frustrated and disappointed.

Why should I adapt? Adaptations will:

1. increase the self-esteem of the disabled child by allowing him or her to experience success;

2. increase the likelihood that feelings of equality and acceptance will develop and grow between disabled and non-disabled children;

3. enhance the disabled child's sense of responsibility;

4. enhance the disabled child's sense of independence;

5. allow leaders to spend more time with innovative programming and less time providing constant basic care;

6. provide the disabled child with an opportunity to develop skills;

7. allow all children to participate.

So, if someone is disabled, do I automatically adapt all activities for him or her? That sounds easy.

NO. Not all disabled individuals need, or benefit from, adaptations.

Any adaptations must be made according to: (Wehman, 1981)

1) the participant's leisure interests;

2) the functioning level and skills of the child;

3) the age of the child;

4) access to the necessary material/equipment;

5) the degree of support in the social environment.

What does that mean?

1. Make adaptations only for those activities that the child wishes to participate in. If he is interested in a certain activity, he will be more inclined toward developing his skills in that area.

2. Just because a person is disabled, it does not mean that *all* activities must be adapted for his benefit.

   For example, a person in a wheelchair may need extra assistance with an arts and crafts project; but then again, he may need no help at all. One must not automatically make changes to a program or to facilities simply because people with disabilities are participating. Assess the situation.

   Remember, every person is unique.

3. The activities in your program are geared to the ages of the participants. Any adaptations, too, must be appropriate for that age group.

4. Consider what resources and materials are available to you, and within your budget. Less expensive adaptations may be found or made.

5. Adaptations to programs or facilities are more likely to be made in a social environment which encourages upgrading and development of skills in a recreational setting.

Points to keep in mind when Adapting Activities
(Willard, 1978)

1. Does adaptation change the activity to such a degree that it is no longer easily and commonly recognized as the same activity?

2. Does the adaptation match the skill level of the participant? As the individual's skill increases, the adaptation may need to change so the individual can further develop his skill.

3. Will the individual be able to participate with others, or does the modification restrict his choice of partners?

4. Is it possible to use existing community facilities?

5. Is the activity age culturally appropriate?

6. When a commercially manufactured modification is used, does the adaptation permit the same general type of play as does the non-modified activity?

How to adapt:

1. *Be creative.* Each child is unique and must be considered individually. The adaptation used for one child may not be effective for another.

2. *Plan ahead.* Anticipate and plan to avoid negative situations. What would you do if:

    1) a disabled child was not able to participate and was sitting alone, apart form the activity?

    2) a disabled child was attempting to participate but unable to do the activity? This could create behavioural problems, or he could become discouraged and frustrated.

3. *Plan according to the needs and abilities of the child.* Treat each child as a child with a disability, rather than a disabled child. Focus on what he is able to do...not just on what he is unable to do.

4. *Adapt only as needed.*

Complete the following case studies.

1. **Adaptations to the program**

Janice is an eight-year-old child with a mental delay. This year, for the first time, she is attending an integrated summer recreational program. She loves to play games and participate in art projects. There are also 40 other children with and without disabilities in the program, who range in age from 6 to 12 years. Plan a program for all children. Think of adaptations that will allow all children to participate in the same program.

What are your adaptations?

There is no one solution

Suggestions for program adaptations are as follows:

a. Offer a variety of activities for all skill levels. If possible, divide the children into groups according to their ages and skill levels.

b. Focus on some activities that do not require specialized skills. These activities may include special events and field trips.

c. Promote a co-operative approach within the program. Arrange for activities and games which are challenging, yet encourage participation rather than elimination.

d. Determine the abilities of the children and plan activities that they will be able to do, but which will challenge them.

e. Offer innovative activities.

2. **Adaptations to the activities**

It is important that *all* children are offered a varied program. However, it may be necessary to modify some activities so that all of the children may participate. The following situation is an example.

Three children in your integrated program are in wheelchairs. One of the children can push himself; however, the others require assistance to move. A sports activity has been planned. What adaptations may be necessary so that all the children can play?

What adaptations may be used?

Adapting a leisure skill may in some ways change the "appearance" of the activity. Adaptations may change the:

— space required,

— number of participants,

— skills,

— methods,

— rules.

Some suggestions for adapting activities:
(Willard, 1978; Wehman, 1981)

a. substitute walking, wheeling a wheelchair, or rolling for skipping or running;

b. use a bounce, a roll or an under-hand toss to replace over-hand throwing;

c. substitute sitting down, kneeling, or lying down for standing;

d. decrease distances for throwing;

e. reduce the size of playing field or courts;

f. restrict player(s) to a definite place or position on a playing field;

g. allow players to hit the ball any number of times;

h. permit other players to run for a child;

i. have a greater number of players on a team so less movement is required of each player;

j. reduce the number of points needed;

k. substitute different body positions;

l. substitute slower movements for faster ones;

m. develop new techniques;

n. assist the child in performing the activity;

o. simplify the activity;

p. provide more frequent rest periods;

q. communicate by sign language;

r. have non-disabled children "assume" a disability.

3. **Adaptation to equipment/materials**

A limitation may prevent a child from using equipment in the manner in which it was intended. You may re-design or use other equipment to allow him to take part. The following situation is an example.

Tammy, a young girl who has cerebral palsy, is unable to grasp tightly. She likes to paint, so devise some method of allowing her to.

List some of your adaptations for this situation and others.

Special materials may be purchased or simpler versions can be designed or substituted for those usually used in an activity. Here are some suggestions: (Willard, 1978; Wehman, 1981).

Games

a. use lighter and more easily-controlled equipment, such as plastic bats, nerf balls, balloons, bean bags or rings, instead of a ball;

b. attach a string to the ball so that it may be retrieved by a child unable to chase it;

c. t-stand in baseball;

d. lower the net or basketball hoop;

e. use a beeping target for the blind;

f. use enlarged racquets;

g. use a tubular bowling ramp and handle grip bowling ball;

h. use specialized equipment from a sporting goods store;

i. use a ball instead of a puck;

j. use a large beach ball.

Arts and Crafts

a. use sponges to paint;

b. use thick pencils and crayons;

c. to make gripping easier, insert the end of the pencil, pen, crayon, or the handle of the paint brush into a ball of plasticine or styrofoam;

d. attach the crayon or pencil to the child's hand with a ribbon or cloth;

e. place paint tins in plasticine so that they are not easily knocked over;

f. a child may use the paint brush, crayon or pencil strapped to his feet or even held between his teeth;

g. have a leader/volunteer assist the child if he or she is unable to do an activity; let the child at least select shapes, colors, and so on;

h. tear, rather than cut, paper;

i. lower the table;

j. use dual scissors;

k. plan foot and finger painting activities;

l. tape paper to floor;

m. use a c-clamp to hold paper;

n. outline picture with black marking pencils for partially sighted children.

Music

a. allow for differing levels of skill by planning a variety of musical activities. Use instruments if the child is unable to sing.

CLUE:

Staff must work with and assess each child with a disability to determine which adaptations will work best and will encourage the greatest sense of independence. By being creative, inexpensive adaptations can often be developed.

4. **Adaptations to the instruction/leadership style**
(Wehman & Schleien, 1981)

You are required to lead a sport for a group of children aged 5 to 10. Three of the children in your program are mentally disabled. In what ways will your methods of instruction and style of leadership change?

Suggest some considerations:

Your leadership style may vary depending on the age and skill level of the child. It must be appropriate for the group and change as more skills are acquired by the child or children. A leader who is enthusiastic, patient and encouraging will help a child have fun and learn an activity more quickly.

Suggestions for Instruction

a. Break down the task:

   i) Break the skill into smaller, more simplified components that are easier to learn,

   ii) Sequence the steps from easy to more complex;

   iii) Sequence the desired responses.

In doing so:

i) write down the objectives (for the particular child or children),

ii) break down the activity into skills,

iii) sequence the skills,

iv) eliminate unnecessary component skills (skills that the child really need not learn),

v) eliminate redundant component skills (skills that can be combined),

vi) determine prerequisite skills (those that are the most necessary in performing the activity).

Here's an example...(Musical/Rhythmic Instruments — Wehman, 1980):

Name of Activity: Shake Maraca (Rattle) to Beat

Instructional Objective: Given a maraca and a simple beat, the participant will shake the instrument simultaneously with 3 consecutive beats, 80% of the time.

Materials: maraca (rattle)

Verbal Cue: "Ralph, shake the maraca."

Task Analysis:

i) Extend dominant arm downward toward handle of maraca (rattle), palm faced down.

ii) Grasp handle of maraca with dominant hand using palmar grasp.

iii) Bend elbow, raising maraca to chest level.

iv) When beat is heard, flex wrist forward and downward away from body, shaking maraca downward to produce sound.

b. Provide positive reinforcement to all the children.

c. Involve all the children in the activity. If a child is unable to perform an activity, sit with that child and assist him or her in taking part in some manner. For example, if a child is unable to sing, move his hands to the action of the song.

d. Be enthusiastic and energetic. Encourage all children to participate.

e. Plan a variety of activities. Do not play an activity longer than interest remains.

SOME SUGGESTIONS FOR ADAPTING FOR SPECIFIC DISABILITIES ARE:

mental delays	- breaking tasks down into sequence - positive reinforcement - showing, guiding the children through the activity - may require some physical adaptations
physical disabilities	- adaptations of material and equipment - breaking down tasks to achieve reinforcement - positive reinforcement
visual disabilities	- descriptive instruction - guiding the child through the action - positive reinforcement - equipment/material adaptations
hearing impairments	- using sign language - facing the disabled while talking - positive reinforcement - breaking down task - physical adaptations (may have balance problems)
emotional impairments	- keeping the groups of children small - positive reinforcement - arranging for activities that are short in length or easy - planning for easy-to-succeed activities so the children do not become frustrated

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Your additional comments or adaptations.

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5. EVALUATION

How do I Know?

- Was my program successful?
- Was the outcome what I had planned?
- Did the participants enjoy the program?
- Was integration achieved?
- Should I plan a program for next year?

Evaluation is an essential step for any recreational program. There are many benefits from and reasons for evaluation. Evaluation must be ongoing, consist of a variety of methods (both formal and informal), and measure many components of the program.

Inspector's Notes

An integrated program must be evaluated just as any recreational program should be. Approaches used to evaluate an integrated program should be basically the same as the methods used to evaluate any recreational program.

If there is no evaluation, necessary changes will not be made and the program will not be as effective and successful as possible.

When should evaluation be done?

There are two types of evaluations which you can conduct.

Ongoing:

- while the program is being offered.

This evaluation acts as a control and monitors the program. Information is collected and then immediately incorporated into the program as modifications and improvements. This evaluation may look at parts of the program or the entire program briefly. It examines the way the program is and seeks to improve it.

In a summer program it may be advisable to have:

a) daily evaluation, or

b) monthly or bi-monthly evaluation.

Daily evaluation helps the leaders to examine the program, determine if progress has been made and plan to operate more effectively the next day.

Monthly or bi-monthly evaluation is more extensive than daily. It looks at the entire program in stages and allows for further plans or alterations to be made for the next stage.

Summative:

- evaluation toward the end or at the end of the program.

This evaluation looks at the entire program and what was achieved. This is the most extensive form of evaluation. It does not change the way that the program was, but helps to plan for future programs.

Why should evaluation be done? (Mayer, 1975)

An evaluation will help you in:

1. predicting outcomes of a program,
2. generating change in a program,
3. recognizing failures and success in a program,
4. accounting (have we achieved what we set out to achieve?),
5. interpreting the overall effectiveness of the program.

Who should evaluate a program?

1) direct staff/volunteers,
2) parents,
3) children.

What should be evaluated?

The elements of your program which need to be evaluated are:

1) activities,
2) leadership,
3) children,
4) administration,
5) areas/facilities.

In doing so, we need to keep the following basic questions in mind:

- Were goals and objectives met?
- Did the program fill the needs of the community?
- Were participants attending?
- Was the level of integration appropriate?
- Generally, was the program a success?

1) Activities

- Were activities age-appropriate?
- Were activities skill-appropriate?
- Were activities varied?
- Was there an appropriate level of risk or challenge?
- Were there activities for all?
- Were children provided with some choice?
- Were activities fun?
- Were children able to use a variety of play skills?
- Were adaptations provided when necessary?
- What activities were most liked?
- What activities were least liked?
- Were activities innovative?

2) Leadership

- Were the leaders trained in recreation for the disabled?
- Did leaders show sufficient knowledge and expertise in working with the children?
- Did the leaders show knowledge in leadership and recreation skills?
- Were the leaders able to work with all types of children?
- Did the leaders encourage the children to interact?
- Were the leaders able to maintain control of the children?
- Did the leaders praise the children when appropriate?
- Were the leaders creative in activities?
- Did the leaders work well as a team?
- Did the leaders encourage the development of abilities of the children?
- Did the leaders prepare for the program?
- Did the leaders ensure equipment was safely located and used?
- Did the leaders encourage independence of all children?
- Was additional training needed for the staff?

3) Children

- Were the children having fun?
- Were the children actively using the play equipment?
- Were the children developing new skills?
- Were the children interacting with the leaders?
- Were the children participating in group activities?
- Were the children practising skills?
- Were the children able to do activities?
- Were the children interested in doing the activities?

4) Administration

- Was support provided by the recreation department?
- Was support provided by other agencies; i.e., social services agencies, local associations for the disabled, health unit?
- Were referrals given to the recreation department?
- Was a sufficient budget provided?
- Was the program advertised sufficiently?
- Were there sufficient staff?
- Were sufficient materials and supports provided?
- Did the community support the program?

5) Areas/facilities

- Was the facility accessible?
- Was the facility large enough for activities? (Was there enough open space?)
- Was there a rainy-day facility?
- Was there enough equipment?
- Was there adequate storage space?
- Were the toilet facilities adequate?
- Was the facility pleasing (adequate lighting, clean, comfortable, colourful)?
- Was there a quiet place to take an upset child?
- Were there cooking facilities and running water?
- Was there a telephone?

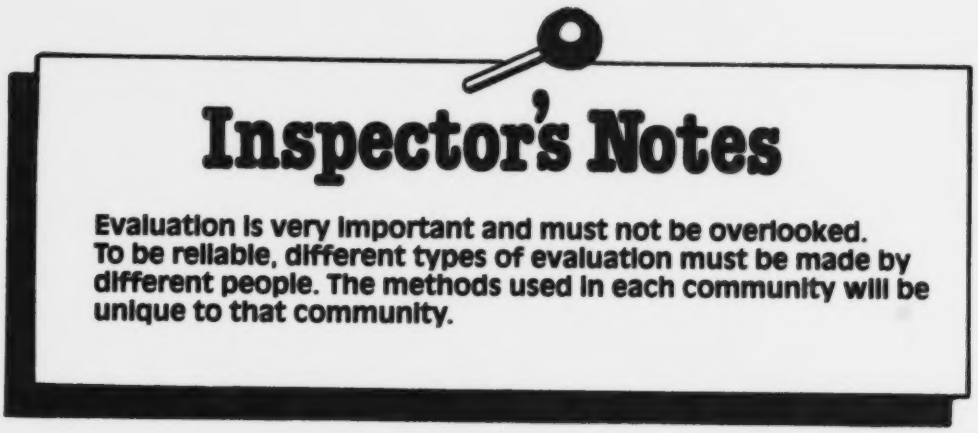
From the evaluation of your program, name here:

a. components to be re-examined in the program

b. problems or concerns

c. action to be taken

Additional comments:



Inspector's Notes

Evaluation is very important and must not be overlooked. To be reliable, different types of evaluation must be made by different people. The methods used in each community will be unique to that community.

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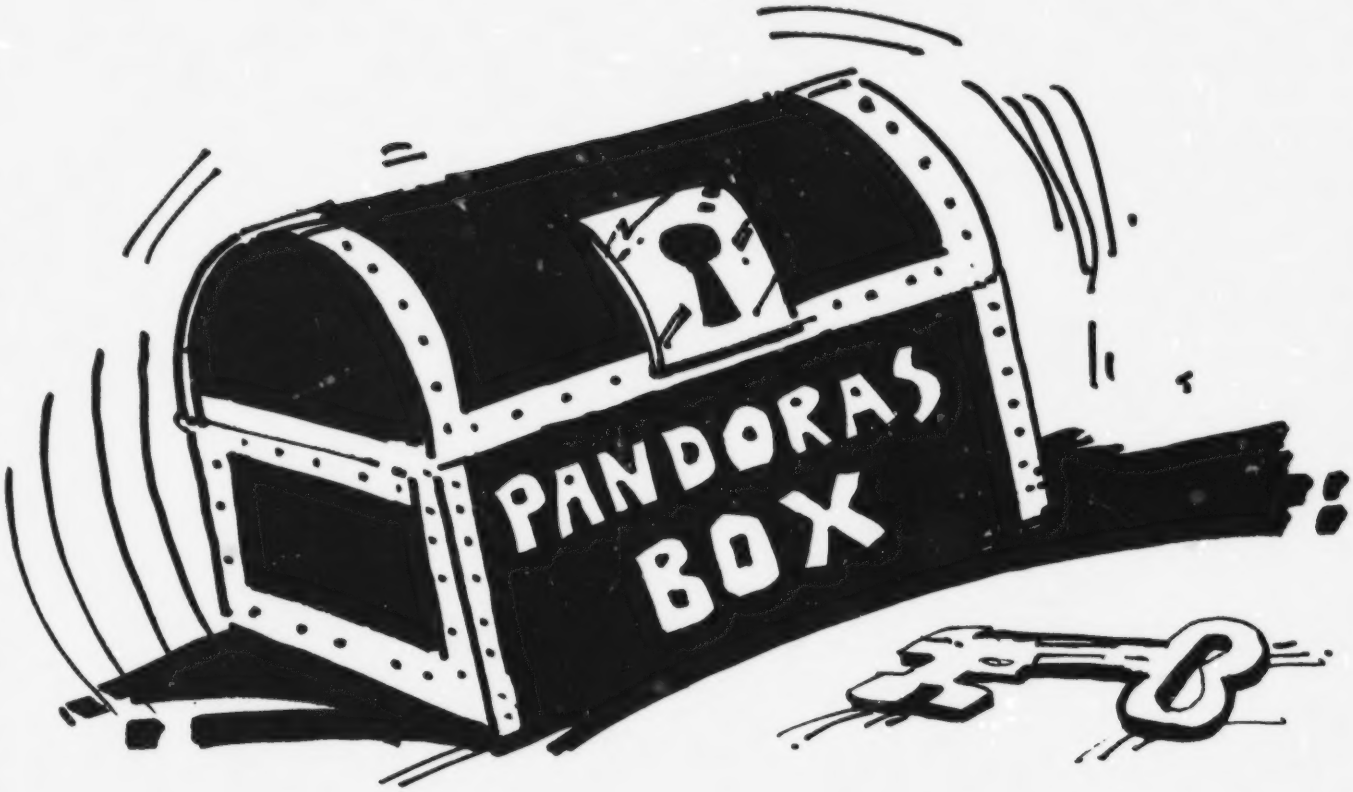
REVISION
AND
MENTATION

The program is over. By planning and operating an integrated program, you have taken a big step in helping people with disabilities become involved in community pastimes, and ensuring that some of their recreational needs are being met. You are to be congratulated!!!

Wait. Your job does not end here. You have done a good job, but...

You have only just begun. One case may be closed, but it has opened up many more unsolved questions, such as...



1. What will disabled people do during the rest of the year for recreation?

2. Have community members accepted the idea of integration, and disabled people as much as you would like them to?

3. Was your program totally successful? What could be improved?

4. Should more people in your community be trained in integration and in working with the disabled?

5. Do the disabled need to upgrade their skills?

6. Will the recreation department continue to provide programs for the disabled next year and the year after?

What can and should you and others in your community do?

Here are some suggestions:

1. Leave an *extensive report* on your program. Document how the program was planned and what the outcome was. List suggestions for next year.

2. Develop a *policy statement* pertaining to "Recreation and the Disabled" in your community. Make sure that the integrated program will not have to be justified every year, but will be provided for in the recreation budget.

3. Encourage ongoing recreational opportunities for the disabled. Try to make sure that recreation is not an opportunity confined only to the summer months.

4. Help promote public awareness of the disabled on an ongoing basis.

5. Encourage people with disabilities to upgrade their skills.

6. Organize a recreation leadership training course. A component of the leadership course should be on working with the disabled. Train all leaders to work with disabled people.

7. Develop a committee which supports opportunities for the disabled. Try to involve disabled people and, if possible, parents, recreation staff, health staff, social service staff, members of the local association for the disabled, educators and any other interested members of the community. Recreational needs should be among the subjects discussed by the committee.

List some of your own suggestions.

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Appendix I

Understanding Disabilities

The following exercises from the Path Kit will help you in understanding the implications of some learning disabilities, mental delays, hearing impairments, visual impairments and other disabilities. Try these exercises and help others to complete the tasks. These exercises are reprinted with the permission of the Regional Resource Service, Calgary, Alberta.

WHAT SHOULD I WRITE?

Awareness area - mental handicaps

Materials - paper, pencils

Introduction - While "normal" people have a relatively easy time writing, some people with mental handicaps have to work hard at it. They may have difficulty in finding the word they want to use or they may have problems thinking of what to write.

Activity - Hand out paper and pencils. Ask the participants to write a sentence on any topic but every word in the sentence must have only two syllables. (If your audience is unsure of syllables, change the activity to a sentence where the words must be in alphabetical order.
e.g. In June King Leo made no open promises.)

Most participants will be able to come up with a sentence. Indicate that most people with this problem also can compose a sentence. It may take longer and involve more effort on their part, though.

Discussion - Was this hard for you?
- Can you understand how a person would feel if everything were this hard?
- How would you feel if you had to work this hard every time you tried to write a sentence?

TOO MANY DIRECTIONS

Awareness area - mental handicaps

Introduction - People who are mentally handicapped sometimes find it very confusing to follow directions. This is especially true if there are a lot of directions to follow. For example, directions such as: "After you finish that, go to the corner store for a loaf of whole wheat bread; get the money from the jar on the shelf in the kitchen; remember, whole wheat not white", can be extremely confusing. The person with a mental handicap may get "lost" after the first direction — "After you finish that".

Activity - To see how frustrating this would be, read a list of ten or more directions to your audience. Tell the participants you will read the list all the way through, once only. Once you have read through the list, ask the participants to follow the whole list of directions in order.

Discussion - How did you feel trying to remember everything? How would you feel if every time someone told you to do something, you had to follow that many directions?

What happened when you were given only half the list of directions to follow?

If you wanted to tell a person who was mentally handicapped how to do something, how could you make it easier for him or her to follow your directions?

Comments - You may want to try this again, giving fewer directions at a time or by giving the same list twice. This helps the participants realize that with help most people with this problem can cope.

Sample List:

1. stand up
2. put your hands on your shoulders
3. turn around
4. look at your toes
5. count to ten
6. jump on the spot seven times
7. shake your head
8. sit down
9. raise you right foot then put it down
10. look at your fingers
11. cross your right leg over your left leg
12. smile

POEMS

Awareness area - learning disability

Materials - activity sheet, papers with special poems, (overhead or slides of poems), etc.

Introduction - Some people with learning disabilities find it difficult to read. Their brain does not always "see" the words properly. For example, "have" might look like "haev". Sometimes there is a problem with reversals, either letters, words or sentences (example "e" as "g", "saw" as "was", "I saw a dog" as "I the saw dog"). These problems can make reading very difficult.

Activity - Choose a poem(s) to show the group. Ask them to read the poem(s) fluently. The poems are written as some people with learning disabilities might see them.

Discussion - Was it difficult to read these poems?
- How would it feel if it were this difficult every time you read something?

Comments - You may want to have various people try reading different lines of the poems. Stress fluency and smoothness in their reading. At the end of the readings you may want to show the poems in their regular way. Compare the ease of reading regular writing to the difficulty of reading as a learning disabled person.

Example:

The strom came pu os very quikc
It coulnd't haev been quikcre.
I should have rbought ym aht along.
I hsould haev rbought ym lsikcre.

Ym hari si wet, ym feet are wte
I coulnd't eb muhc wettre.
I fell niot a rivre once
Btu thsi si even bettre.

The storm came up so very quick
It couldn't have been quicker.
I should have brought my hat along.
I should have brought my slicker.

My hair is wet, my feet are wet
I couldn't be much wetter.
I fell into a river once
But this is even better.

FOOT CIRCLE

Awareness - learning disability

Materials - activity sheet, paper, pencils

Introduction - Some people with learning disabilities have problems with writing. They know how to form the letters but they cannot always get the message from the brain to the hand.

Activity - Give each participant a paper and pencil. While one foot is circling horizontal to the floor in a clockwise direction, the participant is to write his name and a short sentence on the paper. Ensure that the foot remains circling throughout.

Discussion - Did you have to concentrate harder on writing or on circling your foot? How did your writing turn out?

Comments - You may want to have the participants try this activity while using their non-dominant hand for writing. (If right-handed, use left hand; if left-handed, use right hand.) Or have them move both feet in opposite circles while writing.

SNACK TIME

Awareness - sensory handicaps - vision

Materials - activity sheet, blindfold, pitchers, cups, napkins, plastic silverware, crackers, peanut butter or jelly.

Introduction - People who are visually impaired do many of the same everyday things as people who can see; examples are pouring their own milk, combing their hair or finding their shoes, etc. However, because they cannot see they must do things a little differently. Quite often people who are visually impaired must use their tactile or sense of touch instead of their eyes.

Activity - Divide the group into pairs. One person with the blindfold on is blind. The other person is the sighted guide. The guide leads the "blind" person to the table. He puts the "blind" person's hand on a chair so he can seat himself. The guide then puts the "blind" person's hands on the silverware, cups, etc. so he knows exactly where they are and can feed himself.

(You may want to comment on the fact that quite often a blind person needs help from a sighted guide when he is unfamiliar with the room, etc. he is in; however, at home a visually impaired person would use memory as well as touch to help him find and do things.)

Have the "blind" person pour a cup of water, spread some peanut butter on a cracker, eat the cracker, clean up and throw away his garbage.

(You may want to demonstrate how a blind person pours himself a glass of juice or milk, etc. He or she holds the cup on the table with the index finger just inside the lip of the cup. Then he slowly pours the liquid until he can feel it reach his finger.)

Reverse roles.

Discussion - What was it like to be the blind person?
- Did you have a problem sitting down?
- How did you know when to stop pouring?
- Was it easy to tell what things were by using your sense of touch?
- What was hard about being the guide?

Comments - As this can sometimes be messy, it might be advisable to have a sponge and some towels handy.

Stress that the guide is a helper and is not to do everything for the "blind person" who must learn to do things himself, even though in a little different manner than if he could see.

TRUST WALK

Awareness - sensory handicap - vision

Materials - activity card, blindfolds, file cards with directions.

Introduction - One way which visually impaired people get around is with a sighted guide. When walking with a guide the visually impaired person takes the arm of the guide at the elbow so that the sighted guide is always walking slightly ahead. In this way the blind person can follow the guide's body movements, stopping or slowing down when he does, etc. The sighted guide never leaves the blind person without telling him; the guide also explains where they are and what they are coming to, e.g. a curb, steps or doorway to go through, etc.

Learning to walk with a sighted guide is one part of what is called mobility training. Mobility training is a very important part of visually impaired children's education, in addition to math, science, physical education, etc. Sometimes a visually impaired person will count the number of steps from one place to another, e.g. from the sink to the kitchen table. After he walks this route several times, he no longer needs to count the number of steps; instead he uses what's called muscle memory. Subconsciously he knows how far it is from the sink to the table; this too is a part of mobility training.

Activity - Divide group into pairs. One person with the blindfold on is blind. The other person is the sighted guide. Each guide has a direction card and takes his partner where the card says.

Discussion - What was it like to be the blind person?
- Did you want your partner to do everything for you?
- What did you notice when you were blind?
- How did it feel to take the blindfold off?
- What did it feel like to be the guide?
- What was hard about it?

Sample direction cards

1. Guide your visually impaired partner around the room. Be sure to tell of any obstacles that might be in the way. Guide them to a chair and have them sit down.

2. Take your blind person to the bathroom. Guide them over to the sink so they can wash their hands. Guide them back to the room.

3. Guide your blind person around the building. Be sure to let him or her know if there are some stairs coming up or if there are any other obstacles.

WHAT'S IN THE BAG?

Awareness area - sensory handicaps - vision

Materials - activity sheet, blindfold, bag with various items in it (button, umbrella, paper clips, pen, safety pin, penny, small toys, card, apple, peach, paper money of different denominations, etc.)

Introduction - Many visually impaired people depend upon their tactile sense to identify objects. Some objects are easier to identify than others. For example, a chair feels quite a bit different than a book, but does a math book feel all that different from a science book? Learning to tell what objects are by what they feel like is called tactile discrimination. It involves feeling the size, shape, texture, temperature, edges, and movable parts, etc. of an object.

Activity - Blindfold the participants. Have them place a hand in the bag. They will try to identify an object from the bag.

Discussion - Were some objects more difficult to identify than others? Why?
- Could you tell how much money you had in coins?
- How about when it was paper bills?

Comment - Visually impaired people often have their paper money folded in certain ways. This helps them to distinguish a five dollar bill from a ten dollar bill, and so on. The bills are folded with the aid of a sighted person.

NAME AND ADDRESS, PLEASE!

Awareness area - sensory handicap - vision

Materials - activity sheet, lined paper, pencils

Introduction - The visually impaired have many aids and devices to help them do everyday things. Although they use a system of writing called Braille, there are many times when other people need to read their writing. Sometimes a typewriter can be used; however, everyone must be able to sign his name. Think of the situations where you would need to be able to sign your name on a line. Signature guides are available for people with visual impairments. They are small devices, either wire or plastic, which can be carried in a pocket. In effect, the signature guide provides a tactile line for the person who is visually impaired to use as a guideline.

Activity - Hand out lined paper and pencils. Have participants close their eyes and write their name and address on the paper staying on the lines.

Discussion - How well did you do?
- What difficulties did you encounter?
- What are some situations where you would need to be able to sign your name on the line?

EARS

Awareness area - sensory handicap - hearing

Materials - activity sheet, cotton balls, paper, pencils.

Introduction - Some people with hearing impairments are hard-of-hearing, they can hear some but not all sounds. Some hard-of-hearing people have only a little trouble hearing what people are saying to them. Others may have a lot of trouble hearing what is being said. They may need to ask frequently for people to speak up or repeat what was said. This can be frustrating for both the speaker and the listener.

Here are some things which you can do to help someone who is hearing impaired understand what you say:

1. Be natural. Speak distinctly but not too slowly. Do not mumble but beware of mouthing the words.

2. Raise your voice slightly but *not* to a yell.

3. If what you say is not understood, say it again in a different way. Try to use words that show on the lips.

4. Be sure your lips and face can be seen by the hearing impaired person. Position yourself so your face is in the light. Use facial expressions but try not to exaggerate.

5. Try not to speak with anything in your mouth.

6. If necessary, write out what you want to say or use sign language.

Activity - Have participants put cotton balls in their ears. Give them paper and pencils for writing down the words you dictate. Dictate the word list softly.

Discussion - Did you need to ask for the words to be repeated or said louder?
- How did you feel about asking for it to be louder?
- Was it frustrating?

Sample word lists

A.	B.
1. brick	1. money
2. complex	2. shell
3. date	3. frown
4. magnet	4. card
5. such	5. area
6. zebra	6. public
7. rifle	7. floor
8. plant	8. brown
9. able	9. kitten
10. icing	10. shore

WHY IS IT HARD TO READ LIPS?

Awareness area - sensory handicap - hearing

Materials - activity sheet, paper, pencils, chalkboard, chalk, eraser.

Introduction - Some people who cannot hear very well learn to "see" words as they are spoken on people's lips. This is called speech-reading or lip-reading. Sometimes speech-reading can be quite difficult. Many words look the same on a person's lips (pin, pen, bin, Ben). For some words the lips hardly move at all (uncle, cousin). Some people mumble or don't move their lips much when they talk. This makes it hard to read their lips. Also, it can be difficult to read a person's lips if he has something in his mouth (cigarette, pipe, candy, gum).

Speech-reading is very tiring, too. The eyes must always be alert and watching the other person's face and lips. It can be very frustrating if there are many people talking because you can only concentrate on one face at a time.

Here are some things which you can do to help someone who is hearing impaired understand what you say:

1. Be natural. Speak distinctly but not too slowly. Do not mumble but be aware of mouthing the words.

2. Raise your voice slightly but *not* to a yell.

3. If what you say is not understood, say it again in a different way. Try to use words that show on the lips.

4. Be sure your lips and face can be seen by the hearing impaired person. Position yourself so your face is in the light. Use facial expressions but try not to exaggerate.

5. Try not to speak with anything in your mouth.

6. If necessary, write out what you want to say or use sign language.

Activity - In this activity, write a word on the blackboard but as soon as you write one of the letters, erase it. The participants must look down to write the letter that has just appeared on the board. Write and erase quickly enough so that many of the participants miss some of the word's letters. Ask what the word is.

Do a few more words in the same manner, except say each letter out loud as you write it.

Comments - Some of the participants will catch on quickly. They will begin to watch the board only and not look at their paper as they write the words. If you notice this, then one of the discussion questions should be, "How long could they keep it up?"

Discussion - Which way was easier - just the letters on the board or using the board plus saying the letter? Why? Think about how relying on only one sense requires so much attention.

Suggested word list

1. Affidavit
2. botulism
3. wapiti
4. ubiquity
5. stalactite
6. parliament
7. intuitive
8. recuperate
9. harpsichord
10. deliberate

Note: Try giving the participants one of these word lists by just mouthing the words.

1. sand
2. hand
3. okay
4. father
5. bloom
6. red
7. green
8. cat
9. kitten
10. mitten

1. fan
2. find
3. lips
4. brother
5. farther
6. boy
7. old
8. cold
9. candy
10. baby

CLUMSINESS

Awareness area - physical handicap

Materials - activity sheet, thick socks, shoes with laces, puzzles, design papers, crayons, scissors, paper, beads and string.

Introduction - Many people have problems with their fine motor co-ordination. This means they might have problems doing such things as threading a needle, buttoning a shirt, clasping a necklace. It's not just people who have physical handicaps who can have problems doing these things. Sometimes when people are tired they have these problems. Children can also have these problems partly because it takes practice to do these things and partly because their bodies are still growing and changing. Try to remember when you had to be dressed because you couldn't do up your buttons or tie your laces.

(Emphasize to the audience that if they have problems doing some of these things it does *Not* mean that they have a physical handicap). Some physical handicaps can give a person problems in controlling the muscles in their hands. Though they may have problems doing fine work, usually, given time, they accomplish it.

Activity - Have the participants put a pair of thick socks on their hands. Ask them to try tying their shoes, buttoning a shirt or coat, or working a puzzle. They could also try using scissors, changing beads, coloring one of the design papers, or turning the pages of a book.

Discussion - How did you feel when you were doing this activity?
- What kinds of problems did you have?
- How could you overcome them?

IT'S HARD TO TALK

Awareness area - physical handicap

Material - activity sheet, file cards with poems, rhymes, or sentences on them.

Introduction - Some people with cerebral palsy have a hard time talking. This is not because they aren't smart but because brain damage has affected their ability to control the muscles in their face. People with this problem learn other ways to communicate. Some write or type out what they want to say. Others use a device called a communication board. Talking is not the only way of communicating. If someone is unable to talk, it does not mean they have nothing to say.

Activity - Hand out a poem, rhyme or sentence card to each participant. Have the participants read their cards aloud but they are not to move their tongues or lips. The participants may want to pair up for this activity.

Discussion - Could you make yourself understood?
- Could you understand the others?
- How would it be for someone who has a lot to say but has difficulty forming the words?
- How could someone with this problem communicate?

Comments - You may want to show the simplified communication board to the participants and explain how it works. Basically, it is a device used by people who have difficulties in talking and writing. Each person's communication board will be different, just as each person's vocabulary is different. As the person learns new words, their communication board grows and changes. Blissymbols are often used for the words. The person "talks" by pointing to the symbols.

BALANCE PROBLEM

Awareness area - physical handicap

Materials - activity sheet, balance beam or masking tape on the floor.

Introduction - Many people with cerebral palsy and other physical handicaps have difficulty keeping their balance. They do not have complete control over the muscles in their body. They have a problem walking in a straight line. People with multiple sclerosis (MS) can also have this problem. Sometimes people give them dirty looks because they think they are drunk; they just have a hard time when they walk. Some people think that if a person can't walk properly then maybe they can't think properly either. This just isn't true. If you sprain an ankle or have your foot go to sleep on you, you walk differently for awhile. This doesn't affect the way you think, just as it doesn't affect the way that people with cerebral palsy or MS think.

Activity - If you use masking tape on the floor, it should be a line at least three metres long. Have the participants close their eyes and spin themselves around a few times. (They should do it one at a time unless there are beams or taped lines for everyone.) Immediately after spinning, they should open their eyes and walk along the balance beam or masking tape.

Discussion - Was it easy or difficult to stay on the line? Why?
- How would you feel if you always felt shaky when you walked?
- What equipment could you use to help you walk better and feel safer?

Comment - If you use a balance beam, please be sure to have someone walking beside the participants. They will be dizzy after spinning around and might slip off the beam.

Appendix II

SKILLS CHECKLIST

Complete the following checklist for every disabled child in your program. This is reprinted from "Participation: Expanding community and leisure experiences for people with severe handicaps", with the permission of the National Institute on Mental Retardation. By completing the checklist, the skills, abilities, and needs of the disabled child can be determined.

Name: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

Check appropriate category

I. SKILLS

A. Physical Skills

	Independently	With Support	N/A	Comments
Walks				
Walks with aids				
Mobile with wheelchair				
Transfers from wheelchair				
Creeps/crawls				
Manipulates small objects				

B. Life Skills

Eats				
Dresses				
Toilets				
Handles money				
Uses public transportation				

C. Communication Skills

Receptive Language	Check appropriate level	Comments
understands verbal conversation	_____	_____
follows simple instructions	_____	_____
understands 2-3 ideas in sequence	_____	_____

Expressive language

participates in conversations	_____	_____
expresses needs with words	_____	_____
expresses needs with sounds	_____	_____
expresses needs with gestures	_____	_____
expresses needs with signing	_____	_____
expresses needs with Bliss Board	_____	_____
Other	_____	_____

Check appropriate category

D. Social skills

	Usually	Sometimes	Rarely	N/A	Comments
co-operates with leader or support person					
co-operates with selected others in a group					
willing to participate in new situations					
prefers to be alone					
prefers being with staff/adults					
prefers being with friends					
readily participates in small social groups					
maintains adequate personal composure					
displays intermittent social withdrawal					
displays disruptive behaviour					

II. STRENGTHS AND NEEDS

List the strengths of the participant in relationship to community and leisure participation

1.

2.

3.

4.

5.

List the needs of the participant in relationship to community and leisure participation (write them positively) — e.g. "to have friends her own age", rather than "doesn't have friends")

1.

2.

3.

4.

5.

III. LIMITING FACTORS

Indicate the type and severity of the following possible limitations of the participants.

a. Physical limitations (e.g. cerebral palsy, spastic paraplegia, functional use of limbs)

b. Sensory limitations (e.g. hearing impaired, totally deaf, visually impaired, blind)

c. Organic limitations (e.g. heart disorder/limited physical activity)

d. Neurological limitations (e.g. epilepsy)

Appendix III

RECREATIONAL SKILLS CHECKLIST

The following checklist allows for more detailed information to be noted on the child's recreational skills. (Adapted from Wehman, 1979, p. 112)

If you would like to record more information about the disabled participant, you might want to complete this checklist, as well as the previous one. It may be helpful to assess the child at the start of the program. In addition, an assessment at a later point in time may help you to further plan your program.

Name: _____ Age: _____ Date: 1. _____
2. _____

Can't do Doesn't do	*Can do sometimes*	*Does do often*	**Mobility**
_____	_____	_____	Actively participates in group activity - stop, starting, jumping, etc.
			Runs skillfully:
_____	_____	_____	forwards
_____	_____	_____	backwards
_____	_____	_____	Runs with some skill
			Hops:
_____	_____	_____	one foot to one foot
_____	_____	_____	one foot to two feet
_____	_____	_____	two feet to one foot
_____	_____	_____	two feet to two feet
_____	_____	_____	Walks alone
_____	_____	_____	Balances on one foot
_____	_____	_____	Stands alone
_____	_____	_____	Crawling

Additional comments _____

_____

_____

_____

Can't do Doesn't do	*Can do sometimes*	*Does do often*	**Manual Dexterity**
			Modelling
_____	_____	_____	models recognizable forms in clay
_____	_____	_____	manipulates clay skillfully
_____	_____	_____	manipulates clay with limited skill
			Printing
_____	_____	_____	prints name
			Drawing or Painting
_____	_____	_____	draws/paints recognizable figures, objects or faces
_____	_____	_____	draws/paints with some form
_____	_____	_____	colours/paints within lines or freely
_____	_____	_____	scribbles
_____	_____	_____	paints with sponge
_____	_____	_____	marks with pencil or crayon held in fist
_____	_____	_____	finger or foot paints
			Cutting
_____	_____	_____	uses scissors independently
_____	_____	_____	cuts on a line
_____	_____	_____	cuts shapes
_____	_____	_____	free cutting
_____	_____	_____	cuts with assistance
			Pasting
_____	_____	_____	pastes paper/objects with skill
_____	_____	_____	pastes paper/objects with some or limited skill
			Beading
_____	_____	_____	strings small objects
_____	_____	_____	strings large beads
			Building
_____	_____	_____	puts circles, squares, triangles in form board
_____	_____	_____	uses building blocks

Additional comments _____

_____

_____

_____

Can't do Doesn't do	*Can do sometimes*	*Does do often*	**Language Competency**
_____	_____	_____	Communicates ideas meaningfully
_____	_____	_____	Reads with understanding
_____	_____	_____	Listens and retains information
_____	_____	_____	Enjoys and understands plays/skits
_____	_____	_____	Enjoys table games
_____	_____	_____	Able to listen to stories
_____	_____	_____	Able to recall story or song
_____	_____	_____	Understands different parts of the body
_____	_____	_____	Can distinguish between right and left
_____	_____	_____	Understands numbers
_____	_____	_____	Understands colours
_____	_____	_____	Understands words
_____	_____	_____	Understands letters
_____	_____	_____	Recognizes own name
_____	_____	_____	Knows meaning of yes or no
_____	_____	_____	Communicates his/her needs

Additional comments _____

_____

_____

_____

Social Interaction

_____	_____	_____	Exercises self-control
_____	_____	_____	Has friends
_____	_____	_____	Socially responsible to other children
_____	_____	_____	Socially responsible to adults
_____	_____	_____	Plays in group games (competitively)
_____	_____	_____	Plays in group games (co-operatively)
_____	_____	_____	Co-operates with others
_____	_____	_____	Plays well with one playmate
_____	_____	_____	Able to wait for reward
_____	_____	_____	Participates in parallel play
_____	_____	_____	Plays by himself/herself

Additional comments _____

_____

_____

_____

Can't do Doesn't do	*Can do sometimes*	*Does do often*	**Personality**
			Friendly or affectionate
_____	_____	_____	toward children
_____	_____	_____	toward adults
_____	_____	_____	Smiles and laughs
_____	_____	_____	Unprovoked aggressiveness
_____	_____	_____	Cries or whines
			Seeks help, attention
_____	_____	_____	from child
_____	_____	_____	from adult
			Rejects help, attention
_____	_____	_____	from child
_____	_____	_____	from adult
_____	_____	_____	Self-conscious habits
			Talking with other children
_____	_____	_____	asks questions
_____	_____	_____	makes commands
_____	_____	_____	general talk
_____	_____	_____	responds to commands/instructions
_____	_____	_____	responds to questions
_____	_____	_____	responds to general talk
			Talking with adults
_____	_____	_____	makes commands
_____	_____	_____	asks questions
_____	_____	_____	general talk
_____	_____	_____	responds to commands/instructions
_____	_____	_____	responds to general talk
_____	_____	_____	responds to questions
			Self-concept
_____	_____	_____	shows self-confidence
_____	_____	_____	shows perseverance, despite failure
_____	_____	_____	makes accurate judgement of self
_____	_____	_____	self-motivated
_____	_____	_____	shows appropriate emotional responses

Additional comments _____

_____

_____

_____

Summary _____

_____

_____

_____

_____

_____

_____

_____

Appendix IV

SAMPLE INTEREST SURVEY

What would the participant like to do? The following interest survey can help you find out. This survey may be used for both the disabled and non-disabled participants.

1. What do you enjoy doing in your leisure time?

2. What are you presently participating in?

3. Please indicates with a check (√) which recreational activities you would like to participate in.

THIS IS JUST A SAMPLE LIST
TRY TO DEVISE YOUR OWN LIST

Performing Arts

_____ Drama (skits and plays)
_____ Dancing (list type)
_____
_____
_____ Singing

Playing Musical Instruments

_____ Piano
_____ Guitar
_____ Others _____
_____

Table Games

_____ Cards
_____ Chess
_____ Checkers
_____ Dominoes
_____ Scrabble
_____ Puzzles
_____ Other _____
_____

Arts and Crafts

_____ Painting
_____ Drawing/Coloring
_____ Ceramics
_____ Needlework
_____ Mosaics
_____ Jewellery making
_____ Photography
_____ Papier mâché
_____ Macrame
_____ Leatherwork
_____ Model building
_____ Gods eyes
_____ Nature crafts
_____ Mobiles
_____ Beadwork
_____ Papercrafts
_____ Poster designing
_____ Knitting/crocheting
_____ Sculpturing
_____ Musical instruments
_____ Other _____
_____

Sports

_____ Soccer
_____ New Games
_____ Baseball
_____ Basketball
_____ Tags
_____ Exercise classes
_____ Swimming
_____ Hiking
_____ Ball games
_____ Fishing
_____ Canoeing
_____ Jogging
_____ Relay races
_____ Team sports (British Bulldog, Red Rover)
_____ Sport days
_____ Other _____
_____

Special Events

_____ Field trips, tours
_____ Cooking
_____ Camping
_____ Western day
_____ Space day
_____ Carnival
_____ Circus
_____ Backwards day
_____ Others _____
_____

4. Would you need transportation to and from programs?

   Yes _____ No _____

5. Do you need accessible facilities?

   Yes _____ No _____

6. Are there any special services you may require or desire?

   Yes _____ No _____

   If yes, please state:

   _____

   _____

   _____

   _____

7. What period of time is more convenient to you for scheduled activities?

   _____ Weekdays (Monday-Friday)

   _____ Weekends (Saturday-Sunday)

   _____ Mornings

   _____ Afternoons

   _____ Evenings

Appendix V

ARCHITECTURAL BARRIERS SURVEY*

This survey is reprinted with the permission of the Cincinnati Recreation Commission, Division of Therapeutic Recreation.

1. Building Name _____
2. Address _____
3. Telephone _____
4. Person Contacted _____
5. *Entrance* - List best entrance, if not main entrance

   _____

   a. Are there steps at the entrance?
      1. yes
      2. no

      If yes, answer the following:

   b. How many?
      1. 1
      2. 2 - 5
      3. 5 - 10
      4. more than 10

   c. Height of largest step:
      1. less than 5"
      2. 5" - 8"
      3. 8" or more

   d. Is there a handrail?
      1. no
      2. on the right side only
      3. on the left side only
      4. on both sides

   e. Do the steps have a nosing?
      1. yes 2. no

   f. Is there a ramp?
      1. yes 2. no

6. *Entrance Door* - If more than one, circle each

   a. Type of door
      1. single
      2. double
      3. revolving
      4. automatic

   b. Width of doorway — count single width if double door (not automatic)
      1. less than 26"
      2. 26" - 30"
      3. more than 30"

7. *The Building*

   a. Is the facility on one level?
      1. yes 2. no

   If no, answer the following:

   b. Is an elevator available to reach the other levels?
      1. yes 2. no

   c. Width of elevator door, if one is available.
      1. less than 26"
      2. 26" - 30"
      3. 30" or more

   d. Is there a ramp available?
      1. yes 2. no

   e. Is there an escalator available?
      1. yes 2. no

8. *Restrooms*

   a. Are there public restrooms?
      1. yes 2. no

      If yes, answer the following:

   Male

   b. Are there steps?
      1. no
      2. yes, elevator available
      3. yes

c. If there are steps, is there a handrail?
   1. on both sides
   2. only on one side
   3. no

d. Width of entrance door
   1. less than 26"
   2. 26" to 30"
   3. 30" or more

e. Width of toilet booth door
   1. less than 26"
   2. 26" - 30"
   3. 30" or more

Female

f. Are there steps?
   1. no
   2. yes, elevator available
   3. yes

g. If there are steps, is there a handrail?
   1. on both sides
   2. only on one side
   3. no

h. Width of entrance door
   1. less than 26"
   2. 26" - 30"
   3. 30" or more

i. Width of toilet booth door
   1. less than 26"
   2. 26" - 30"
   3. 30" or more

9. *Telephone*

   a. Are there public telephones?
      1. yes 2. no
      If yes, answer the following:

   b. Is it in a booth?
      1. yes 2. no

   c. Height of telephone (handset from the floor)
      1. 48" or less
      2. more than 48"

10. *Parking*

   a. Is off-street parking available?
      1. yes, adjacent
      2. yes, nearby (across street and/or within two blocks)
      3. no

   b. Are there steps or curbs from the parking area to the entrance?
      1. curb only
      2. steps
      3. level entrance - no steps or curbs

11. *Cafeteria or Lounge*

   a. Is there room for a wheelchair?
      1. yes 2. no

   b. Chairs
      1. have arms
      2. are without arms
      2. booths only

   c. Height of tables
      1. less than 30"
      2. 30" or more

12. *Auditorium, Meeting Rooms, etc.*

   a. Can a person remain in his wheelchair?
      1. yes 2. no

   b. Is there a special section for wheechairs?
      1. yes 2. no

13. If the building has several sections, list below each section with a description of its accessibility (e.g. Cluster buildings)

a.

b.

c.

d.

14. General impression of accessibility:

_____

_____

_____

* This inventory may be taken at each individual program centre within the community. It may also be used to survey facilities when planning off-site trips.

Appendix VI

The following is a list of associations or organizations that may be of some help to you. Space does not permit every agency or group to be listed; however, the major ones are provided. Each community has many resources. Get to know the resources within yours.

A. *National and Provincial*

1. Alberta Advisory Board on Recreation for the Disabled
   13 Mission Avenue
   St. Albert, Alberta
   - information source on resources, funding and recreation programs for the disabled

2. Alberta Amputee Sports and Recreation Association
   10237 - 89 Street
   Edmonton, Alberta

3. Alberta Association for the Dependent Handicapped
   6312 Fulton Drive
   Edmonton, Alberta

4. Alberta Association for the Mentally Retarded
   11728 Kingsway Avenue
   Edmonton, Alberta
   (or check for local office in your area)
   - information/referral on mental retardation
   - loan of films

5. Alberta Association for Young Children
   P.O. Box 4935
   Edmonton, Alberta
   T6E 5G8
   - information on special needs of young children

6. Alberta Canadian Girls in Training
   R.R. 4, Site 12, Box 35
   Stony Plain, Alberta

7. Alberta Culture
   11th Floor, C.N. Tower
   10004 - 104 Avenue
   Edmonton, Alberta

8. Alberta Education Field Services
   1200 Rocky Mountain Plaza
   615 Macleod Trail S.E.
   Calgary, Alberta
   - Positive Attitudes Towards the Handicapped (PATH) Kit

9. Alberta Mental Health
   5th Floor, 9942 - 108 Street
   Edmonton, Alberta

10. Alberta Recreation and Parks
    8th Floor, Standard Life Centre
    10405 Jasper Avenue
    Edmonton, Alberta

    - provides leadership development opportunities, consultation, financial assistance and information on recreation
    - loan service of films, books and slides
      a. Provincial film library
         - booking of films
      b. Special Recreation Services Section
         - information on the disabled, children and youth
         - information on planning, integrated programs, adaptations, etc.
      c. Outdoor Recreation
         - specializes in outdoor recreation
      d. Recreation Field Services
         - general recreation information and referral

11. Alberta Region of YWCA's
    10030 - 102 A Avenue
    Edmonton, Alberta

12. Alberta Rehabilitation Council for the Disabled
    #303 Kingsway Garden Mall
    Edmonton, Alberta
    - information and equipment loan services

13. Alberta School for the Deaf
    6240 - 113 Street
    Edmonton, Alberta

14. Alberta Society for Autistic Children
    7330 - 113 Street
    Edmonton, Alberta

15. Alberta Society for the Visually Impaired
    P.O. Box 8737, Station L
    Edmonton, Alberta
    T6C 4J5
    - information/referral on visual impairments

16. Alberta Sport and Recreation Association for the Blind
    P.O. Box 655, Station G
    Calgary, Alberta
    T3A 2G5

17. Association for the Hearing Handicapped
West Entrance of St. Andrews School
11342 - 127 Street
Edmonton, Alberta

18. Boy Scouts of Canada
14205 - 109 Avenue
Edmonton, Alberta

19. Boys and Girls Club of Alberta
1318 Regal Crescent, N.E.
Calgary, Alberta

20. Canadian Cystic Fibrosis Foundation
#212, 11803 - 125 Street
Edmonton, Alberta

21. Canadian Diabetes Association
#206, 10240 - 124 Street
Edmonton, Alberta

22. Canadian National Institute for the Blind
12010 Jasper Avenue
Edmonton, Alberta
- provides counselling information on visual impairments and mobility training

23. Cerebral Palsy Association
Box 1913
Edmonton, Alberta
T2J 2P3
- information on cerebral palsy
- in-services on public awareness of the disabled

24. Canadian Wheelchair Sports Association
Alberta Section
P.O. Box 8622, Station L
Edmonton, Alberta
T6C 4J4

25. Community Behavioural Services
12813 - 116 Avenue
Edmonton, Alberta
- provides information on mental disabilities and provides services in Edmonton for persons with mental disabilities

26. Epilepsy Association
#308, 10012 Jasper Avenue
Edmonton, Alberta

27. Federation of Silent Sports of Alberta
348 Grandin Village
St. Albert, Alberta

28. Girl Guides of Canada
No. 200 Tipton Block
10359 Whyte Avenue
Edmonton, Alberta

29. Hospitals (check for one in your area)

30. Muscular Dystrophy Association of Canada
7320 - 79 Avenue
Edmonton, Alberta

31. PREP - PLAY Program - Department of Physical Education
University of Alberta
- provides a preschool play program to moderately and severely mentally disabled preschoolers
- provides in-service training

32. Universities, colleges, schools

B. Local

Refer to this manual under resource section (see page 95).

C. Films

Films may be borrowed from:

1. Provincial Government Film Library (Prov.)
11510 Kingsway Avenue
Edmonton, Alberta
T5G 2Y5

2. National Film Board (N.F.B.)
10031 - 103 Avenue
Edmonton, Alberta

3. ACCESS Alberta (ACCESS)
16930 - 114 Avenue
Edmonton, Alberta

4. Canadian National Institute for the Blind (CNIB)
12010 Jasper Avenue
Edmonton, Alberta

5. Alberta Association for the Mentally Retarded (AAMR)
11728 Kingsway Avenue
Edmonton, Alberta

6. Universities/colleges/schools in your area

Here are the names of some suggested films. These do *not* represent all of the films available. For more information and lists of films, contact the organizations listed above.

On attitudes

1. "Freedom of Choice" (Prov.)
   - excellent film of recreational integration in Calgary and around Alberta.

2. "A Different Approach" (N.F.B)
   - A humorous film that looks at attitudes from the perspective of the disabled.

3. "Break Down the Barriers" (Prov.)
   - An excellent film about programs for and attitudes toward the disabled.

4. "Disability Myth" (Alberta Advisory Board on Recreation for the Disabled)
   - Examines many attitudes toward the disabled.

5. "Look Beyond" (ACCESS)
   - The future and concerns of disabled people are examined.

On barriers

1. "Walk Awhile - In My Shoes" (N.F.B.)
   - Transportation problems and barriers for the disabled.

2. "Getting There" (ACCESS)
   - Discussion of physical barriers.

On the family and the disabled

1. "Sharing the Experience with Gavin" (N.F.B. & AAMR)
   - Story about the birth of a mentally disabled child and the impact on the family.

2. "Danny and Nicky" (N.F.B.)
   - Outlines the impact of the institutional versus home environment on mentally disabled children.

On deafness

1. "Ears to Hear" (N.F.B.)
   - Ways of integrating deaf children into the hearing world.

2. "Out of Silence" (N.F.B.)
   - Teaching methods to draw children out of the silent world.

On mental disabilities

1. "David" (N.F.B.)
   - A heart-warming documentary of a teen.

2. "Primer" (AAMR)
   - Seven (30 minute) programs about the mentally disabled.

On paraplegia and quadriplegia

1. "I'll Find a Way" (N.F.B.)
   - A young girl born with spina bifida shows determination in coping with her disability.

On recreation

1. "Not Just A Spectator" (Prov.)
   - A film about disabled people participating in recreation.

2. "Focus on Ability" (Prov.)
   - A swimming class.

3. "Break Down the Barriers" (Prov.)

4. "Freedom of Choice" (Prov.)

On cerebral palsy

1. "I Am Not What You See" (N.F.B.)

2. "Sandra Diamond" (N.F.B.)

On visual impairments

1. "What Do You Do When You Meet A Blind Man" (C.N.I.B.)
   - Humorous but effective film that deals with attitudes toward the blind.

2. "My Friends Call Me Tony" (N.F.B.)
   - A story about a 10-year-old boy who has limited vision.